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**ON-SITE FOLLOW-ON
AIR BAG INVESTIGATION**

CASE NO. - 96-22
FLEET - RENTAL VEHICLE
LOCATION - OKLAHOMA
ACCIDENT DATE - [REDACTED], 1996

Submitted By:

[REDACTED]
Senior Staff Associate
and
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[REDACTED] 1997

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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16. Abstract This report covers an on-site follow-on investigation of an air bag deployment crash that involved a 1996 Mitsubishi Galant S and a 1988 Honda Accord LXi. This crash is of special interest because the Galant's right front passenger (5 year-old male) sustained fatal head injuries as a result of being struck by his deploying right front air bag. The Galant was traveling east in the eastbound lane of a two-lane, undivided, city street approaching a four-leg, signalized intersection. The Accord was traveling south in the southbound lane of a two-lane, undivided, city street approaching the same controlled intersection. The crash occurred in the intersection. The front of the Galant (case vehicle) impacted the right front of the Accord (vehicle #2) causing the case vehicle's driver side and right front passenger side supplemental restraint systems (air bags) to deploy. The case vehicle's driver (31 year-old male) was normally postured, with his seat track located between its middle and forward-most positions, and the steering wheel was located in its up-most position. He was also restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview, blunt head trauma. The right front passenger in the case vehicle (5 year-old male) was normally postured, with his seat track located in its forward-most position and was also restrained by his available, active, three-point, lap and shoulder belt. He sustained, according to the interview with the case vehicle's driver (i.e., father) and his medical records, head injuries which included: a non-anatomic brain injury and a depressed left frontoparietal skull fracture. These injuries resulted when his head was redirected by his deploying air bag causing him to strike the case vehicle's center console. The case vehicle's left rear (7 year-old male) and center rear (34 year-old female) passengers were abnormally and normally postured, respectively, in the fixed rear seat and were not wearing their available, active, safety belts (three-point and two-point, respectively). Both rear passengers sustained, according to their medical records, minor soft tissue injuries as a result of this crash.			
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-22

FLEET - RENTAL VEHICLE
LOCATION - OKLAHOMA

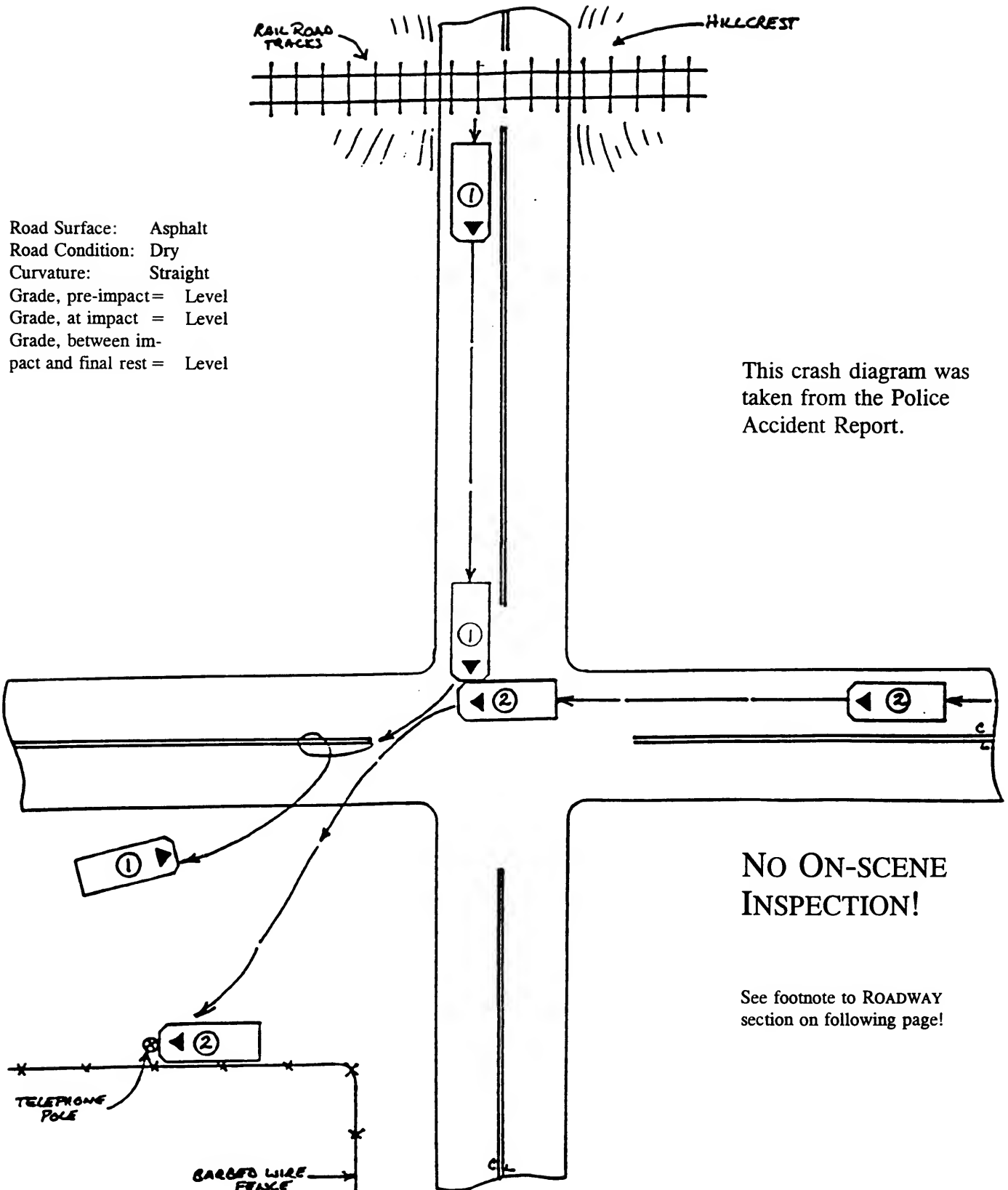
SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1996 Mitsubishi Galant S, four-door sedan, and a 1988 Honda Accord LXi, four-door sedan, occurring in [REDACTED] 1996 at 9:27 a.m., in an urban area on a city street. This crash is of special interest because the Galant's right front passenger (5 year-old male) sustained fatal head injuries as a result of being struck by his deploying right front air bag.

The Galant was traveling east in the eastbound lane of a two-lane, undivided, city street approaching a four-leg, signalized intersection when it impacted the Accord which was traveling south in the southbound lane of a two-lane, undivided, city street approaching the same controlled intersection. The crash occurred when the Galant struck the Accord in the middle of the four-leg intersection. After the initial impact the Galant rotated clockwise and sideslapped the Accord which had rotated counterclockwise [i.e., Galant's left side (behind the "B"-pillar) contacted Accord's right back]. Both vehicle's were redirected toward the southeast quadrant of the intersection. The Galant continued to rotate clockwise after the sideslap impact and traveled 20.1 meters (65.8 feet) while rotating approximately 260 degrees before the Galant came to rest off the east side of the intersecting road heading in a north-northwesterly direction. The Accord traveled approximately 24.2 meters (79.3 feet) in a southeasterly direction and subsequently sideswiped a wire fence with its left side before impacting a utility pole with its front. The Accord came to rest off the east side of its road heading south.

The front of the Galant impacted the right front of Accord. The Galant and the Accord were both towed due to damage. The CDCs were determined to be: 11-FDEW-2 and 09-LPEW-2 for the Galant and 02-RYEW-3, 03-RBEW-1, 11-LPEN-1, and 12-FCEN-2 for the Accord. The SMASH reconstruction program, damage only algorithm, was used on the highest severity impact to the Galant. The Total, Longitudinal, and Lateral Delta Vs are respectively: 20 km.p.h. (12 m.p.h.), -15 km.p.h. (-9 m.p.h.), and +13 km.p.h. (+8 m.p.h.).

The 1996 Mitsubishi Galant was equipped with both driver and right front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (31 year-old male) was normally postured, with his seat track located between its middle and forward-most positions, and the steering wheel was located in its up-most position. He was also restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview, blunt head trauma. The right front passenger (5 year-old male) in the Galant was normally postured, with his seat track located in its forward-most position and was also restrained by his available, active, three-point, lap and shoulder belt. He sustained, according to the interview with the case vehicle's driver (i.e., father) and his medical records, head injuries which included: a non-anatomic brain injury and a depressed left fronto-parietal skull fracture. These injuries resulted when his head was redirected by his deploying air bag causing him to strike the case vehicle's center console. The case vehicle's left rear (7 year-old male) and center rear (34 year-old female) passengers were abnormally and normally postured, respectively, in the fixed rear seat and were not wearing their available, active, safety belts (three-point and two-point, respectively). Both rear passengers sustained, according to their medical records, minor soft tissue injuries as a result of this crash.



TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-22

FLEET - RENTAL VEHICLE
LOCATION - OKLAHOMA

ACCIDENT DATA

Location/Street:	City Street
State:	Oklahoma
Area/Type:	Urban, undeveloped
Accident Date/Time:	[REDACTED], 1996, @ 9:27 a.m.
Investigating Police Agency:	City Police Department
Accident Type:	Car / Car - right angle
Occupant Injury Severity (air bag vehicle):	Non-anatomic brain injury with GCS=3 (AIS-5) and open, depressed, left frontopari- etal skull fracture (AIS-4)

AMBIENT CONDITIONS

Light Conditions:	Daylight
Weather Condition:	Clear
Precipitation:	None
Road Surface:	Dry
Temperature:	84 degrees F at nearest airport

ROADWAY¹

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	City street	City street
Number of Travel Lanes:	Two lanes, undivided; one lane southbound, one lane northbound	Two lanes, undivided; one lane eastbound, one lane westbound

¹ On this Special Crash Investigation, this crash was initially investigated by personnel from the [REDACTED] Oklahoma. Subsequently, because of a need for additional information, a second inspection of the case vehicle occurred. During neither investigation was a scene inspection requested; therefore, the scene data are taken from the Police Accident Report, our interview with the Case Vehicle's Driver, and/or the on-scene photographs provided by the investigating police agency.

ROADWAY¹ (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Lane Width:	Unknown	Unknown
Surface Type:	Bituminous	Bituminous
Median:	None	None
Shoulders:	Unimproved, unknown width	Unimproved, unknown width
Vertical alignment:	Level per Police Accident Report	Level per Police Accident Report
Horizontal alignment:	Straight, per Police Accident Report	Straight, per Police Accident Report
Estimated Coefficient of Friction:	.75	.75
Traffic Density:	Light	Light

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	Two vertically mounted, on-colors traffic control signals; two flashing post-mounted railroad light signals with automatic gate (one for eastbound traffic, one for westbound traffic--not involved)	Two vertically mounted, on-colors traffic control signals
Signs:	Warning RAILROAD CROSSING (W10-1) sign	None
Markings:	Double solid yellow centerlines (i.e., no passing) for east and westbound traffic; solid white edge lines on north and south roadway edges	Double solid yellow centerlines (i.e., no passing) for east and westbound traffic; solid white edge lines on east and west roadway edges
Speed Limit:	72 km.p.h. (45 m.p.h.)	72 km.p.h. (45 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1996	1988

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Make:	Mitsubishi	Honda
Model:	Galant S	Accord LXi
Body Type:	Four-door sedan	Four-door sedan
V.I.N.	4A3AJ46G9TE-----	JHMCA564XJC-----
Color:	Purple	Black
Mileage:	19,016 km (11,816 miles)	169,845 km (105,537 miles)
Engine:	2.4 liters, MPI	2.0 liters
Transmission:	4-speed automatic	4-speed automatic
Steering:	Power-assisted, rack-and-pinion	Power-assisted, rack-and-pinion
Brakes:	Power-assisted, 4-wheel disc	Power-assisted, front disc, rear drum
Padding:	Steering wheel and hub, dash, sunvisors, and side door surfaces	Steering wheel, dash, sunvisors, and side door surfaces
Active Restraints:	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at rear center position	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at rear center position
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	None
Defects:	None	None
Fleet:	Rental vehicle	Private vehicle
Tow status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE

EXTERIORCase VehicleVehicle #2Deployment Impact

Event number:

One

One

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)Case VehicleVehicle #2Deployment Impact (Continued)

Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Front	Right side
Vertical Location		
On Plane:	Bumper	Below beltline
Direct Begins:	At left bumper corner	103 cm (40.6 in) forward of right rear axle
Length Direct:	100 cm (39.4 in)	192 cm (75.6 in)
Field L:	150 cm (59.1 in)	192 cm (75.6 in)
C ₁ :	21 cm (8.3 in)	3 cm (1.2 in)
C ₂ :	28 cm (11.0 in)	1 cm (0.4 in)
C ₃ :	15 cm (5.9 in)	23 cm (9.1 in)
C ₄ :	13 cm (5.1 in)	21 cm (8.3 in)
C ₅ :	16 cm (6.3 in)	14 cm (5.5 in)
C ₆ :	12 cm (4.7 in)	2 cm (0.8 in)
D:	-18 cm (-7.1 in)	+88 cm (+34.6 in)
Maximum Crush:	28 cm (11.0 in)	30 cm (11.8 in)
Location:	C ₂	21 cm (8.3 in) forward of C ₃ <i>or</i> 22 cm (8.7 in) rearward of right front axle
CDC:	11-FDEW-2 (-40)	02-RYEW-3 (-50)
Damaged Components:	Front bumper, grille, hood, radiator, and right and left fenders	Right front wheel assembly, door, and fender, front bumper, and sunroof

Nondeployment Impact

Event number:	Two	Two
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Left	Right
Vertical Location		
On Plane:	Below beltline	Below beltline
Direct Begins:	18 cm (7.1 in) forward of left rear axle	At right rear bumper corner
Length Direct:	124 cm (48.8 in)	100 cm (39.4 in)
Field L:	142 cm (55.9 in)	105 cm (41.3 in)
C ₁ :	1 cm (0.4 in)	7 cm (2.8 in)
C ₂ :	15 cm (5.9 in)	6 cm (2.4 in)
C ₃ :	14 cm (5.5 in)	4 cm (1.6 in)

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)**Case Vehicle****Vehicle #2****Nondeployment Impact** (Continued)

C ₄ :	9 cm (3.5 in)	6 cm (2.4 in)
C ₅ :	4 cm (1.6 in)	7 cm (2.8 in)
C ₆ :	4 cm (1.6 in)	1 cm (0.4 in)
D:	-48 cm (18.9 in)	-158 cm (62.2 in)
Maximum Crush:	16 cm (6.3 in)	7 cm (2.8 in)
Location:	16 cm (6.3 in) forward of C ₂	C ₅
CDC:	09-LPEW-2 (-90)	03-RBEW-1 (+90)
Damaged Components:	Left rear door and glazing and left quarter panel	Right rear quarter panel
<u>INTERIOR</u>		
Damaged Components:	Left and center dash/knee bolsters, left air vent, driver and right front passenger air bag modules	Windshield; left, center, and right dash; glovebox door; and right front seat
Other Evidence of Occupant Contact:	Center console housing floor-mounted transmission selector lever, including flip-top storage bin	Floor-mounted transmission selector lever
Manual Restraint System Failures:	None	None
Seat Performance Failures:	None	None

REPAIR

Cost Estimate:	Totaled out	Totaled out
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VEHICLE VELOCITY ESTIMATES

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	SMASH	SMASH
Program Algorithm:	Damage only	Damage only
Barrier Equivalent Speed:	20 km.p.h. (13 m.p.h.)	23 km.p.h. (14 m.p.h.)
Total Delta "V":	20 km.p.h. (12 m.p.h.)	24 km.p.h. (15 m.p.h.)

VEHICLE VELOCITY ESTIMATES (CONTINUED)

<u>Highest Delta "V" (Continued)</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Longitudinal Delta "V":	-15 km.p.h. (-9 m.p.h.)	-15 km.p.h. (-9 m.p.h.)
Lateral Delta "V":	+13 km.p.h. (+8 m.p.h.)	-18 km.p.h. (-11 m.p.h.)

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver, the case vehicle (Galant) was traveling east in the eastbound lane of a two-lane, undivided, city street approaching a four-leg, signalized intersection and was intending on continue in its eastward direction of travel. According to the Police Accident Report, vehicle #2 (Accord) was traveling south in the southbound lane of a two-lane, undivided, city street approaching the same controlled intersection and was intending to continue southward. According to the case vehicle's driver, he saw vehicle #2 only at the last moment and only had time to attempt to brake (without lockup). Based on the lack of scene evidence indicated on the Police Accident Report, the case vehicle continued straight ahead prior to impact. According to the statement taken by the investigating police officer, the driver of vehicle #2 could not recall making any pre-crash avoidance maneuvers and vehicle #2 continued straight ahead prior to impact. The crash occurred when the case vehicle struck vehicle #2 in the middle of the four-leg intersection.

CRASH: According to the Police Accident Report, the vehicle inspections and the case vehicle's driver, the front of the case vehicle impacted the right front of vehicle #2 causing both the driver and right front passenger side supplemental restraint systems (air bags) to deploy. After the initial impact the case vehicle rotated clockwise and sideslapped vehicle #2 which had rotated counterclockwise [i.e., case vehicle's left side (behind the "B"-pillar) contacted vehicle #2's right back]. According to the Police Accident Report and the on-scene photographic evidence, both vehicle's were redirected toward the southeast quadrant of the intersection. The case vehicle continued to rotate clockwise after the sideslap impact and traveled² 20.1 meters (65.8 feet) while rotating approximately 260 degrees before the case vehicle came to rest off the east side of the intersecting road heading in a north-northwesterly direction. Vehicle #2 traveled² approximately 24.2 meters (79.3 feet) in a southeasterly direction and subsequently sideswiped a wire fence with its left side before impacting a utility pole with its front. Vehicle #2 came to rest off the east side of its road heading south.

POST-CRASH:

Occupants: According to the Police Accident Report and the driver of the case vehicle, all four occupants remained inside the vehicle at final rest. According to the case vehicle's driver, he was momentarily knocked unconscious by his deploying air bag but was able to exit the case vehicle without any assistance. According to the

² This distance was indicated on the Police Accident Report.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH:

Occupants: (Continued)

case vehicle's driver and the right front passenger's medical records, the right front passenger was unconscious and was unable to exit the case vehicle because of his injuries. According to the case vehicle's driver and based on the vehicle inspection, both front seated occupants were properly restrained by their available, active, three-point, lap and shoulder belts at the time of the crash. According to the case vehicle's driver, the center rear occupant (i.e., mother) managed to remove the right front passenger's safety belt and pull him (5 year-old male) into the back seat where she held him on her lap. The right front passenger remained in the back seat until an off-duty fireman came upon the scene. According to the case vehicle's driver, the left and center rear occupants were conscious following the crash but remained in the case vehicle until emergency personnel arrived at the scene; whereupon, they exited with some assistance. According to the case vehicle's driver and the vehicle inspection, the two rear seated passengers were not restrained by their available, active, safety belts (i.e., left rear--three-point lap and shoulder belt; center rear--two-point lap belt).

Police: The investigating police agency was notified of the accident almost immediately after the crash and arrived on-scene an unknown amount of time later. Traffic control procedures were established and emergency medical, fire, and towing services were called to assist.

Rescue: According to the Police Accident Report and the case vehicle's driver, he was neither transported nor sought any medical treatment. The right front passenger was transported by air to a trauma center where he was pronounced dead two hours and eighteen minutes post-crash. The left and center rear passengers were transported by ambulance to a medical facility where they were treated and released. According to the case vehicle's driver (father), he sustained blunt head trauma. According to the other occupant's medical records, the right front passenger sustained brain injuries, including a non-anatomic, brain injury and a depressed fracture over his mid-frontal and left parietal skull when he was deflected by his deploying right front air bag and struck the case vehicle's center floor console with his head. In addition, he sustained contusions over his forehead, eyes, and upper abdomen, and an abrasion to the right base of his neck/clavicular area. The left rear passenger (i.e., brother) sustained an avulsive laceration to his right eyebrow, a contusion to his right orbit, and abrasions to his upper lip and right lower leg. The center rear passenger (i.e., mother) sustained a right knee contusion and abrasions to her right arm and both legs.

Removal: Following the police investigation, both the case vehicle and vehicle #2 were towed from the scene due to damage.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	31 year-old	16 year-old
Sex:	Male	Female
Height:	175 cm (69 in)	Unknown
Weight:	98 kg (215 lbs)	Unknown
Occupation:	Security guard	High school student
Active Restraint System/Usage:	Three-point lap and shoulder/Used	Three-point lap and shoulder/Used
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Vehicle inspection and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	Not equipped
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Not applicable
Eyeglasses/contacts:	Eyeglasses	Unknown
Vehicle Familiarity:	Six days, approximately 3,380 km (2,100 mi) total	Unknown
Route Familiarity:	Very infrequently	Unknown
Trip Plan:	Social/recreational (out-of-state) to social/recreational (local relatives)	Home to volunteer job
Manner of Leaving Scene:	Relative	Ambulance per Police Accident Report
Type of Medical Treatment:	None	Treated and released

**OTHER CASE VEHICLE
PASSENGERS:**

	<u>Right Front</u>	<u>Left Rear</u>	<u>Center Rear</u>
Age:	5 year-old	7 year-old	34 year-old
Sex:	Male	Male	Female
Height:	117 cm (46 in)	135 cm (53 in)	165 cm (65 in)
Weight:	18 kg (39 lbs)	24 kg (53 lbs)	54 kg (120 lbs)

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

**OTHER CASE VEHICLE
PASSENGERS:** (Continued)

	<u>Right Front</u>	<u>Left Rear</u>	<u>Center Rear</u>
Active Restraint System/Usage:	Three-point lap and shoulder/Used	Three-point lap and shoulder/Not used	Two-point lap/Not used
Usage Source:	Vehicle inspection and interviewee	Vehicle inspection and interviewee	Vehicle inspection and interviewee
Passive Restraint System/Usage:	Right front air bag/Air bag deployed	Not equipped	Not equipped
Usage Source:	Vehicle inspection, interviewee, Police Accident Report	Not applicable	Not applicable
Eyeglasses/contacts:	None	Not applicable	Not applicable
Manner of Leaving Scene:	Air transport	Ambulance	Ambulance
Type of Medical Treatment:	Treated and subsequently expired	Treated and released	Treated and released

CASE VEHICLE DRIVER INJURIES³

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Blunt head ³ trauma	115099.7,0	7	Air bag, driver's side	{Possible}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES⁴

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Non-anatomic ⁴ , GCS=3, pupils fixed and dilated, no response to pain	160824.5,0	3	Center console containing transmission selector	{Probable}

³ According to the interview with the case vehicle's driver, he indicated that he was knocked unconscious for a few moments. In addition, the driver indicated that he "woke up" at final rest and has no recollection of the sideslap impact; however, he never sought any medical treatment.

⁴ In addition, according to this patient's medical records, he sustained cardiopulmonary arrest, respiratory failure, and hypovolemic shock.

CASE VEHICLE PASSENGER INJURIES^{5,6,7} (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Fracture ⁵ , depressed, over mid-frontal and left parietal area	150406.4,5 ⁷	2	Center floor console	{Certain}
Contusion over forehead, location not specified	290402.1,7	3	Center floor console	{Certain}
Contusion over eyes ⁶ , not further specified	297402.1,3	3	Center floor console	{Probable}
Abrasion right base of neck/clavicular area	790202.1,1	2	Torso portion of safety belt	{Probable}
Contusion, small, over upper abdomen	590402.1,7	3	Torso portion of safety belt	{Possible}

CASE VEHICLE LEFT REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Avulsive laceration right eye-brow	390802.1,7	3	Driver's seatback	{Probable}
Contusion right orbit	297402.1,1	3	Driver's seatback	{Probable}
Abrasion upper lip	290202.1,8	3	Driver's seatback	{Probable}
Abrasion right lower leg	890202.1,1	3	Driver's seatback	{Probable}

CASE VEHICLE CENTER REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion right knee	890402.1,1	3	Right front passenger's seatback	{Certain}
Abrasions on both legs, not further specified	890202.1,3	3	Right front passenger's seatback	{Probable}
Abrasion right arm, not further specified	790202.1,1	3	Flying glass	{Possible}

⁵ The hand-written medical record is difficult to read but appears to indicate the plural.

⁶ Strictly according to NASS CDS Injury Coding protocol, the Aspect "bilateral" is not allowed for eye injuries and each "eye-lesion" combination should be coded separately. Bilateral is used here because the contact mechanism for each eye is identical (i.e., the center console).

⁷ This lesion resulted in approximately one liter of blood loss. In addition, brain parenchyma was observed in this patient's left ear.

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, immediately prior to the crash he was normally postured (i.e., seated upright with his back against the seatback, his left foot on the floor, his right foot on the brake, and both hands on the steering wheel at the 10 and 2 o'clock positions). According to the case vehicle's driver, his seat track was located between its middle and forward-most positions. The driver could not recall the position of the case vehicle's tilt steering wheel, because he did not recall ever moving it. According to the vehicle inspection, the driver's seat track was located in the forward-most position with the seatback in the slightly reclined position, and the tilt steering wheel was located in its up-most position. It seems unlikely that the driver would not have noticed the steering wheel being in the up-most position; in addition, the driver's observed seat track location was, in this contractor's opinion, most likely moved forward after the crash. According to the vehicle inspection and the driver's interview, he was restrained by his available, active, three-point, lap and shoulder belt.

Because the Police Accident Report made no mention of any pre-crash braking and based on the case vehicle driver's own admission that he hardly had any time to react to the impending crash, the case vehicle's driver braked (i.e., without lockup) attempting to avoid the crash. As a result of this attempted avoidance maneuver and the use of his available safety belts, he most likely moved slightly forward just prior to impact.

Based on the vehicle inspections and occupant kinematic principles, the case vehicle's frontal impact with vehicle #2, not only deployed the driver's side air bag, but thrust the driver forward and leftward towards the case vehicle's direction of principal force (i.e., PDOF = -40 degrees). According to the driver, the deploying air bag knocked him momentarily unconscious⁸, and as a result, he could not recall his nor the case vehicle's movement from the initial impact to final rest. The driver's forward movement caused his left knee to contact the lower dash/knee bolster (see **SELECTED PHOTOGRAPHS #38 and #40**). Being that the driver was properly restrained, his lower torso would have shifted forward and slightly to the left while his head went forward then was propelled backwards by his deploying air bag. An inspection of the driver's air bag revealed blood, which came from the right front passenger. In addition, there was no evidence of contact found on the air bag module's cover flaps; see **SELECTED PHOTOGRAPHS #38 and #45**. The driver's use of his safety belt kept him from sustaining serious injury.

As the driver's head was being pushed backwards by the deploying air bag, it was then moved to the left over the shoulder belt as the left side of the case vehicle sideslapped the right rear of vehicle #2. Once again, the driver's use of his safety belt kept the driver near his original seated position and most likely prevented the driver from sustaining any serious injuries.

After the sideslap event, the case vehicle continued to rotate clockwise and departed the south-east corner of the intersection. Based on occupant kinematic principles, the driver would have rebounded back to his right but the vehicle's clockwise rotation kept him leaning slightly to his left and moving backwards until the case vehicle came to a stop. The driver then would have moved back to his right and forward against his safety belt. According to the case vehicle's driver, at final rest he was still in his seat, restrained, leaning slightly to his left, and slumped forward prior to awakening.

⁸ Most likely the case vehicle's driver was only dazed by his deploying air bag. No other injuries were reported, and the driver was never treated.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS

According to the case vehicle's driver (i.e., father), immediately prior to the crash the right front passenger was normally postured (i.e., seated upright with his back against the seatback and his feet hanging straight out over the seat cushion). The driver did not recall how his son's arms were positioned. According to the case vehicle's driver, the right front passenger's seat track was located in its forward-most position. According to the vehicle inspection, the right front passenger's seat track was located between the middle and forward-most position with the seatback slightly reclined. According to the vehicle inspection, the driver's interview, and the mortician who examined the right front passenger's body, he was restrained by his available, active, three-point, lap and shoulder belt. According to the mortician, there was a linear contusion about the width of a seatbelt across his abdomen as well as a strip abrasion to his right clavicle by the shoulder/neck area. The physician who conducted the post-mortem exam noted a small abrasion at the base of his right neck/clavicular area; the emergency room physician mentioned a small contusion to his upper abdomen.

As a result of the case vehicle's attempted avoidance maneuver (i.e., braking without lockup) and the use of his available safety belts, the right front passenger most likely moved slightly forward just prior to impact.

Based on the vehicle inspection and occupant kinematic principles, the case vehicle's frontal impact with vehicle #2, not only deployed the right front passenger side air bag, but thrust the right front passenger forward, loading his safety belt, and to his left towards the direction of principal force (i.e., PDOF = -40 degrees). The -40 degree PDOF, coupled with the location of the right front seat track (i.e., forward of center), most likely caused this small statured occupant [5 year-old, 117 cm (46 in) 18 kg (39 lb)] to impact the deploying air bag to the left of the air bag's center (i.e., toward the center of the vehicle). As the air bag continued to expand, the right front passenger was pushed toward the center of the case vehicle causing him to slip out from underneath the torso portion of his three-point safety belt. An inspection of the right front passenger's air bag revealed blood and contact evidence to the lower and left portions of the air bag and an oily area to the middle right part of the bag most likely contacted by the passenger's right hand/arm; see **SELECTED PHOTOGRAPHS #53 and #68**. In addition, there was no evidence of contact to the dash, sunvisor/roof area, or to the right front passenger side air bag module's cover flap; see **SELECTED PHOTOGRAPH #50**. Based on this contractor's experience from previous Special Crash Investigations, this indicates, at the minimum, partial restraint usage.

As the PDOF (i.e., -40 degrees), the seat track location, the expansion of the air bag, the small stature of the occupant, and the lap portion of the right front passenger's safety belt all combined to thrust this occupant's head toward the case vehicle's center console, the case vehicle's clockwise rotation (following the frontal impact) and subsequent sideslap impact further redirected (i.e., accelerated) the left frontoparietal portion of his head into the floor mounted center console, causing this occupant's depressed skull fracture and brain injury.

As the case vehicle rebounded off the sideslap impact and continued in its clockwise rotation to final rest, the right front passenger remained laying on his left side. Based on the large amount of blood on the passenger side of the case vehicle's center console (see **SELECTED PHOTOGRAPHS #53, #54, and #55**), at final rest the right front passenger was laying on his left side with his head laying against the side of the console pointed upwards.

CASE VEHICLE LEFT REAR PASSENGER KINEMATICS

According to the case vehicle's driver (i.e., father), immediately prior to the crash the left rear passenger was abnormally postured [i.e., laying on his right side, his feet hanging down, and his head on the center rear passenger's (i.e., mother) lap]. According to the case vehicle's driver and the vehicle inspection, the rear seat tracks and seatbacks were not adjustable. According to the case vehicle's driver and the vehicle inspection, this occupant was not wearing his available, active, three-point lap and shoulder belt.

As a result of the case vehicle's attempted avoidance maneuver (i.e., braking without lockup) and the nonuse of his available safety belts, the left rear passenger most likely moved forward just prior to impact.

Based on the vehicle inspection and occupant kinematic principles [i.e., the direction of principal force (PDOF) was -40 degrees], the case vehicle's frontal impact with vehicle #2, would have sent this occupant forward and to his left contacting the driver's seatback (see **SELECTED PHOTOGRAPHS #72, #74, and #75**) and resulting in facial injuries, including an avulsive laceration to his right eyebrow.

Based on occupant kinematic principles, the left rear passenger moved to the left along the driver's seatback and toward the left rear door when the left side of the case vehicle sideslapped the right rear of vehicle #2. Despite the passenger's nonuse of his safety belt, his stature [7 year-old male, 135 cm (53 in) 24 kg (53 lbs)], combined with crash circumstances and the limited space kept the left rear passenger near his original seated position.

According to the case vehicle's driver, at final rest this occupant was still laying down in the left rear seat position. Being that the case vehicle's driver was momentarily disoriented following the crash the left rear passenger's exact post-crash posture is unknown.

CASE VEHICLE CENTER REAR PASSENGER KINEMATICS

According to the case vehicle's driver (i.e., husband), immediately prior to the crash the center rear occupant was normally postured (i.e., seated upright with her back against the seatback, her feet on the floor with her legs angled to the left behind the driver's seat, her left hand on the left rear passenger's torso, and right her right hand on his head). According to the case vehicle's driver and the vehicle inspection, the rear seat tracks and seatbacks were not adjustable. According to the case vehicle's driver and the vehicle inspection, this occupant (i.e., wife) was not using her available, active, two-point lap belt.

As a result of the case vehicle's attempted avoidance maneuver (i.e., braking without lockup) and the nonuse of her available safety belt, the center rear passenger most likely moved forward just prior to impact.

Based on the vehicle inspection and occupant kinematic principles [i.e., the direction of principal force (PDOF) was -40 degrees], the case vehicle's frontal impact with vehicle #2, would have sent this occupant forward and to his left contacting the right front passenger's seatback (see **SELECTED PHOTOGRAPHS #72 and #73**) and resulting in a right knee contusion and unspecified (as to location) lower leg abrasions.

CASE VEHICLE CENTER REAR PASSENGER KINEMATICS (CONTINUED)

Based on occupant kinematic principles, the center rear passenger moved to the left along the right front passenger's seatback and toward the center console when the left side of the case vehicle sideslapped the right rear of vehicle #2.

After the sideslap event the case vehicle continued to rotate clockwise and departed the southeast corner of the intersection. Based on occupant kinematic principles, the occupant would have rebounded back to her right but the vehicle's clockwise rotation kept her leaning to her left, most likely still trying to hold on to her 7 year-old son (i.e., the left rear passenger) until the case vehicle came to a stop. At final rest, this occupant was most likely close to her original seating position.

AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Diameter: 58 cm (22.8 in)	Width: 46 cm (18.1 in) Height: 55 cm (21.7 in)
Number of Vent Holes:	Two	Two
Vent Hole Diameter:	Unknown	Unknown
Vent Hole Clock Positions:	Approximately 11 and 1 o'clock	Approximately 10 and 2 o'clock
Number of Air Bag Tethers:	Two	One, 38 cm (15.0 in) wide
Number of Air Bag Module Cover Flaps:	Two	One
Upper Cover Flap Dimensions:	Width: 17 cm (6.7 in) Height: 6 cm (2.4 in)	Width: 35 cm (13.8 in) Height: 20 cm (7.9 in)
Lower Cover Flap Dimensions:	Width: 17 cm (6.7 in) Height: 6 cm (2.4 in)	Not applicable
Distance between Dash and leading (i.e., closest) edge of Module's Cover Flap:	Not applicable	1.0 cm (0.4 in)
Generant Residue:	No unusual amount found	No unusual amount found

Appendix A:

RECONSTRUCTION PROGRAM RESULTS:

**SMASH
(DAMAGE ONLY ALGORITHM)**

TRC VECTOR ANALYSIS ITERATIONS

SMASH
(DAMAGE ONLY ALGORITHM
-- INCLUDING
BARRIER EQUIVALENT SPEEDS)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

SMASH PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10

Primary
Sampling Unit

9622

Case No.-Stratum

01

Accident Event
Sequence No.

1 1 1

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

01
1996

Mitsubishi
Galant S

4D
11FDEW2

40°
± 90°

VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

02
1988

Honda
Accord Lxi

4D
02RYEW3

50°
± 180°

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

Overall Length

Overall Width

Weight

280 + 194 + 28 = 1502 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

263 cm
475 cm
173 cm

2.4 L
FWD
3
3

VEHICLE 2

Wheelbase

Overall Length

Overall Width

Weight

1210 + 56 + = 1266 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

260 cm
455 cm
171 cm

2.0 L
FWD
3
3

DAMAGE INFORMATION

VEHICLE 1

Damage Known?

Damage Length

Damage Offset

Crush Depth:

Y
150 cm
18 cm
C1 21 cm
C2 28 cm
C3 15 cm
C4 13 cm
C5 16 cm
C6 12 cm

VEHICLE 2

Damage Known?

Damage Length

Damage Offset

Crush Depth:

Y
192 cm
88 cm
C1 3 cm
C2 1 cm
C3 23 cm
C4 21 cm
C5 14 cm
C6 2 cm

National Accident Sampling System-Crashworthiness Data System: SMASH Program Summary

SCENE INFORMATION

Rest and Impact Positions ☐ No ☐ Yes

VEHICLE 1

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE 2

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ YesSustained Contact ☐ No ☐ Yes

VEHICLE 2

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ Yes

FRICTION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option _____

1

Vehicle 1 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

Vehicle 2 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate
 damage sketch and dimensions to the form.

Summary of Results Using Damage

Special Crash Investigations, TRC/IU 96-22, Task 0062

Speed Change
(Damage)

Vehicle #1

Total 20 km/h (12 mph)
 Longitudinal -15 km/h (-9 mph)
 Latitudinal 13 km/h (8 mph)
 PDOF Angle -40 °
 Energy Dissipated = 40789 Joules (30080 Ft-Lb)
 Barrier Equivalent Speed = 20.3 km/h (12.6 mph)
 Calculated using size and stiffness categories.

Vehicle #2

Total 24 km/h (15 mph)
 Longitudinal -15 km/h (-9 mph)
 Latitudinal -18 km/h (-11 mph)
 PDOF Angle 50 °
 Energy Dissipated = 26512 Joules (19552 Ft-Lb)
 Barrier Equivalent Speed = 22.8 km/h (14.2 mph)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1	Vehicle #2
Year	1996	1988
Make	Mitsubishi	Honda
Model	Galant S	Accord LXi
CDC	11FDEW2	02RYEW3
Side Damaged	F	R
PDOF Angle	-40 °	50 °
Heading Angle	90 °	180 °

Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	3	3
Stiffness Category	3	3
Vehicle Weight	1502 kgs (3311 lbs)	1266 kgs (2791 lbs)

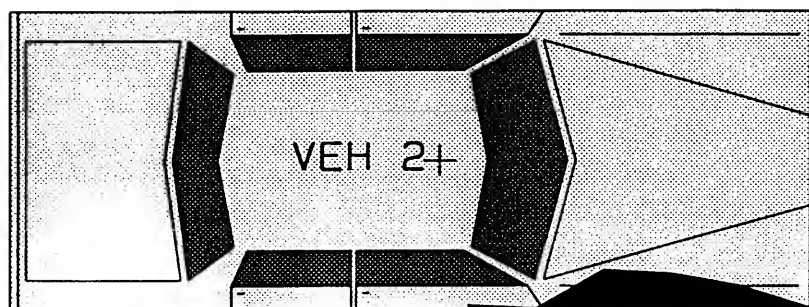
Damage Information

	Vehicle #1	Vehicle #2
	Yes	Yes
Vehicle Damage Known		
Crush Length	150.0 cm (59 in)	192.0 cm (76 in)
C1	21.0 cm (8 in)	3.0 cm (1 in)
C2	28.0 cm (11 in)	1.0 cm (0 in)
C3	15.0 cm (6 in)	23.0 cm (9 in)
C4	13.0 cm (5 in)	21.0 cm (8 in)
C5	16.0 cm (6 in)	14.0 cm (6 in)
C6	12.0 cm (5 in)	2.0 cm (1 in)
D	-17.9 cm (-7 in)	88.0 cm (35 in)
D'	-27.6 cm (-11 in)	98.9 cm (39 in)

Vehicle Dimensions

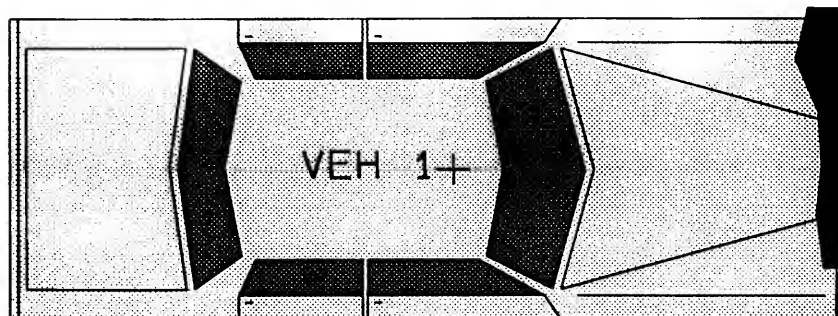
	Vehicle #1	Vehicle #2
Length	475.0 cm (187 in)	455.0 cm (179 in)
Width	173.0 cm (68 in)	171.0 cm (67 in)
Wheelbase	263.0 cm (104 in)	260.0 cm (102 in)
Weight	1502 kgs (3311 lbs)	1266 kgs (2791 lbs)
CG to Front of Veh	228.1 cm (90 in)	228.1 cm (90 in)
Engine Displacement	2.4 liters	2.0 liters
Moment of Inertia	306165 kgs (27099 lbs)	236785 kgs (20958 lbs)
Vehicle Mass	1502 kgs (8.6 lb-s ² /in)	1266 kgs (7.3 lb-s ² /in)

1988 Honda Accord LXi



PDOF

1996 Mitsubishi Galant S



PDOF

Special Crash Investigations, TRC/IU 96-22, Task 0062
[REDACTED], 1997

TRC VECTOR ANALYSIS ITERATIONS

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-22

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	90	180		
CG Heading Angle	90	180		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	28	0		
Weight-Vehicle Curb Wt	1280	1210		
Weight-Passenger(s)	194	56		
Weight-Total	1502	1266		
Estimated Speed	89 (55)	72 (45) (mph)		
Momentum	133678	91152		
PDOF (Degrees)	-34	56	91	STM
PDOF (Clock Direction)	11	2		
Theoretical Delta V	52.4	62.1		
Theoretical Common Vel.		58.5	Post-Crash CG Heading	124

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-22

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	90	180		
CG Heading Angle	90	180		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	28	0		
Weight-Vehicle Curb Wt	1280	1210		
Weight-Passenger(s)	194	56		
Weight-Total	1502	1266		
Estimated Speed	89 (55)	64 (40) (mph)		
Momentum	133678	81024		
PDOF (Degrees)	-31	59	91	STM
PDOF (Clock Direction)	11	2		
Theoretical Delta V	50.1	59.5		
Theoretical Common Vel.		56.5	Post-Crash CG Heading	121

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-22

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

(3)

Vector Analysis Area	GV27(V01)	GV28(V02)
Ln. Axis Heading Angle	90	180
CG Heading Angle	90	180
CRASH 3 Slip Angle	0	0
Weight-Cargo	28	0
Weight-Vehicle Curb Wt	1280	1210
Weight-Passenger(s)	194	56
Weight-Total	1502	1266
Estimated Speed	80 (50)	72 (45) (mph)
Momentum	120160	91152
PDOF (Degrees)	-37	53 91 STM
PDOF (Clock Direction)	11	2
Theoretical Delta V	49.2	58.4
Theoretical Common Vel.	54.5	Post-Crash CG Heading 127

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-22

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

(4)

Vector Analysis Area	GV27(V01)	GV28(V02)
Ln. Axis Heading Angle	90	180
CG Heading Angle	90	180
CRASH 3 Slip Angle	0	0
Weight-Cargo	28	0
Weight-Vehicle Curb Wt	1280	1210
Weight-Passenger(s)	194	56
Weight-Total	1502	1266
Estimated Speed	80 (50)	64 (40) (mph)
Momentum	120160	81024
PDOF (Degrees)	-34	56 91 STM
PDOF (Clock Direction)	11	2
Theoretical Delta V	46.9	55.6
Theoretical Common Vel.	52.4	Post-Crash CG Heading 124

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum
Case Number: TRC/IU 96-22

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	90	180		
CG Heading Angle	90	180		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	28	0		
Weight-Vehicle Curb Wt	1280	1210		
Weight-Passenger(s)	194	56		
Weight-Total	1502	1266		
Estimated Speed	72 (45)	72 (45) (mph)		
Momentum	108144	91152		
PDOF (Degrees)	-40	50	71 91	STM
PDOF (Clock Direction)	11	2		
Theoretical Delta V	46.6	55.3		
Theoretical Common Vel.		51.1	Post-Crash CG Heading	130

(5)

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum
Case Number: TRC/IU 96-22

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	90	180		
CG Heading Angle	90	180		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	28	0		
Weight-Vehicle Curb Wt	1280	1210		
Weight-Passenger(s)	194	56		
Weight-Total	1502	1266		
Estimated Speed	72 (45)	64 (40) (mph)		
Momentum	108144	81024		
PDOF (Degrees)	-37	53	71 91	STM
PDOF (Clock Direction)	11	2		
Theoretical Delta V	44.1	52.3		
Theoretical Common Vel.		48.8	Post-Crash CG Heading	127

(6)

TRC VECTOR ANALYSIS PROGRAM

PDOF (Direction of Principal Force) is assigned based on the vehicular crush. Heading Angles are assigned based on scene evidence and Police Accident Reported crash configurations. This program was created to enable researchers in the NASS CDS to assess the compatibility of their assigned vehicle PDOFs and heading angles. When two vehicles are involved in an impact, researchers were often times submitting PDOFs that were not compatible with their heading angle assignments, indicating a lack of understanding of basic vector analysis concepts. Subsequently, the TRC has used this program to help verify our field PDOF assignments by making logical changes in the reconstructed crash configuration and determining the affect these changes have on PDOF.

Principal: This program is based on the geometric triangle rule (i.e., the sum of the three angles of a triangle must equal 180 degrees). The direction of one vehicle's (e.g., the case vehicle or Vehicle #1) CG (i.e., Center of Gravity) forms one side of the triangle. The direction of the other vehicle's (e.g., Vehicle #2) CG forms a second side of the triangle. The third side of the triangle is then formed by each vehicle's respective PDOF because the forces are assumed to act collinear.

Assumptions: It is assumed that each vehicle's weight can be represented by a *"point-mass"*. It is assumed that the vector force acting on each vehicle goes through the center of gravity (i.e., CG) of the vehicle. Further, it is assumed that the vehicles move off together joined as one object. This program does not take into affect the mass reduction that occurs in other reconstruction programs since its primary purpose is to check the compatibility of the field determined PDOF and Heading Angle.

Inputs: Heading Angle, Slip Angle (*"Yaw"*), Weights (Curb Weight, Cargo Weight, and Weight of all occupants), and Speed

Outputs: This program's primary output is each vehicle's theoretical PDOF, presented in both degrees and CDC clock directions. Other outputs include a theoretical Delta V and a theoretical Common Velocity. The theoretical Delta V shows the maximum Delta V for the given speeds and weights assuming a dead center impact. For special crash investigation purposes, the last two outputs should be essentially ignored.

Use: The TRC uses this program on nonaxial collisions involving two vehicles to vary the *"less established inputs"* in order to determine what theoretical affect these changes have on our field observed PDOFs. The most solid input is the weights of the respective vehicles. Even though the cargo weight is rarely accurately known, its order of magnitude is such that in the vast majority of crashes its affect is minor. The next solid inputs are the vehicle's heading angle and slip angle. In most cases these are fairly well known from the available physical evidence. The least solid input is the vehicle's speed. The submitted iterations show the inputs and what variations to those inputs that the TRC took into consideration. The PDOF outcomes are then compared with our field observed PDOF and adjustments are made, if necessary, in our final coding.

Purpose: This program is but one more tool in the hands of a researcher aimed at providing the best data.

Appendix B:

SELECTED PHOTOGRAPHS

A total of one hundred and two color copies of photographs are presented and referenced as Photograph #01 through Photograph #102. Photographs numbered #01 through #20 were taken and made available by the applicable city police department. Photographs numbered #69 and #70 were taken by the Transportation Research Center. The remainder of these photographs were taken and made available by the Transportation Safety Institute in [REDACTED] Oklahoma.



01: On-scene view of Case Vehicle's eastbound travel path approximately 100 meters (328 feet) from impact in four-leg, on-colors controlled intersection



02: On-scene view of Case Vehicle's eastbound travel path approximately 40 meters (131 feet) from impact in four-leg, on-colors controlled intersection



03: On-scene view of Case Vehicle's eastbound travel path approximately 30 meters (98 feet) from impact in four-leg, on-colors controlled intersection



04: On-scene view of Case Vehicle's eastbound travel path approximately 20 meters (66 feet) from impact in four-leg, on-colors controlled intersection



05: On-scene view of Case Vehicle's eastbound travel path approximately 10 meters (33 feet) from impact in four-leg, on-colors controlled intersection



06: On-scene southeastward view of Case Vehicle's travel path after initial impact with vehicle #2; NOTE: both vehicles at final rest in background



07: On-scene north-northeastward view of Case Vehicle and Vehicle #2 at final rest off road in southeast quadrant of four-leg, on-colors controlled intersection



08: On-scene westward view of Case Vehicle's eastbound travel path into four-leg, on-colors controlled intersection



09: On-scene southeastward view of Case Vehicle's damaged front at final rest off road in southeast quadrant of four-leg, on-colors controlled intersection



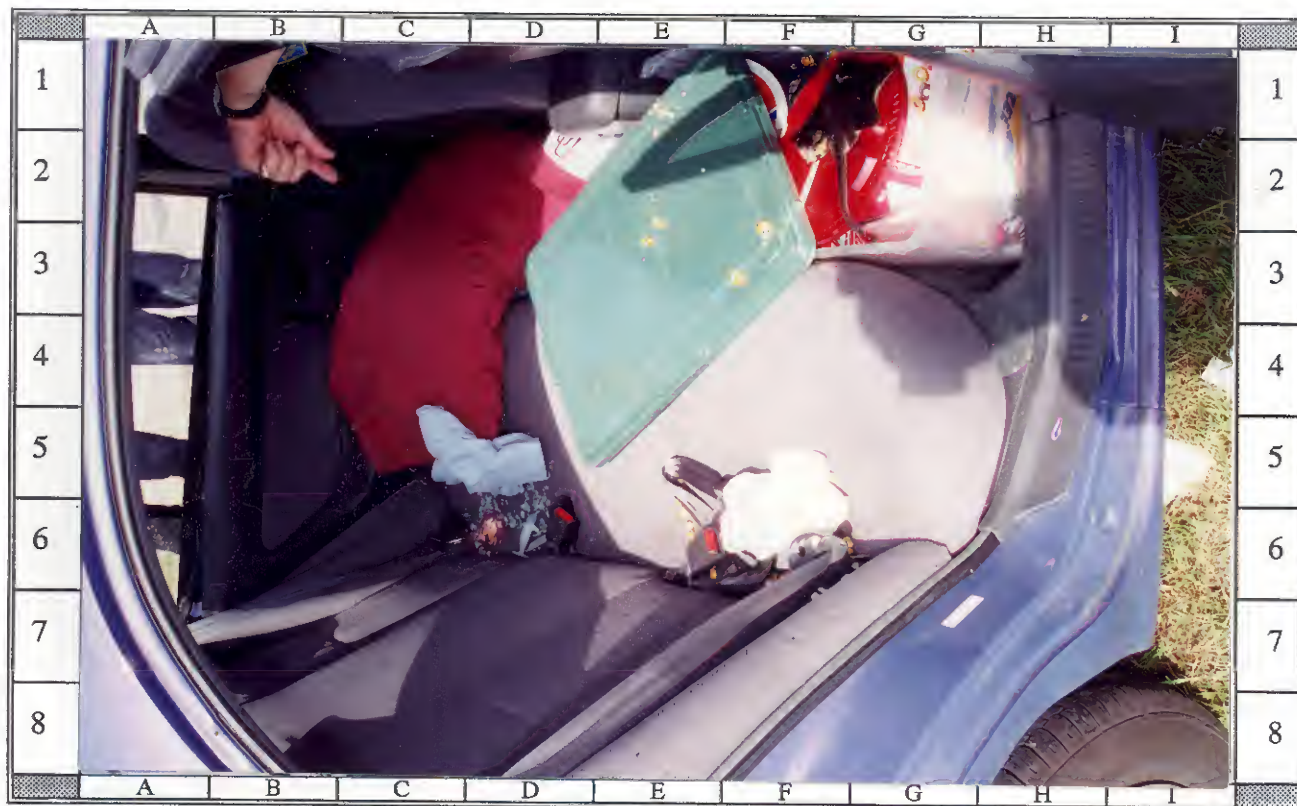
10: On-scene east-southeastward view of sideslap damage to Case Vehicle's left side



11: On-scene south-southwestward view of Case Vehicle's noncontacted right side (i.e., no induced damage beyond right "A"-pillar)



12: On-scene northeastward view of Case Vehicle's front seating area showing deployed dual air bags



13: On-scene west-southwest view of Case Vehicle's rear seating area showing rear seat where luggage was stored and Occupants #3 and #4 were seated



14: On-scene southward view of Vehicle #2's southbound travel path approximately 30 meters (98 feet) from impact in four-leg, on-colors controlled intersection



15: On-scene view of Vehicle #2's southbound travel path approximately 20 meters (66 feet) from impact in four-leg, on-colors controlled intersection



16: On-scene northward view of Vehicle #2's southward travel path; NOTE: both vehicle's at final rest off road in southeast quadrant of four-leg intersection



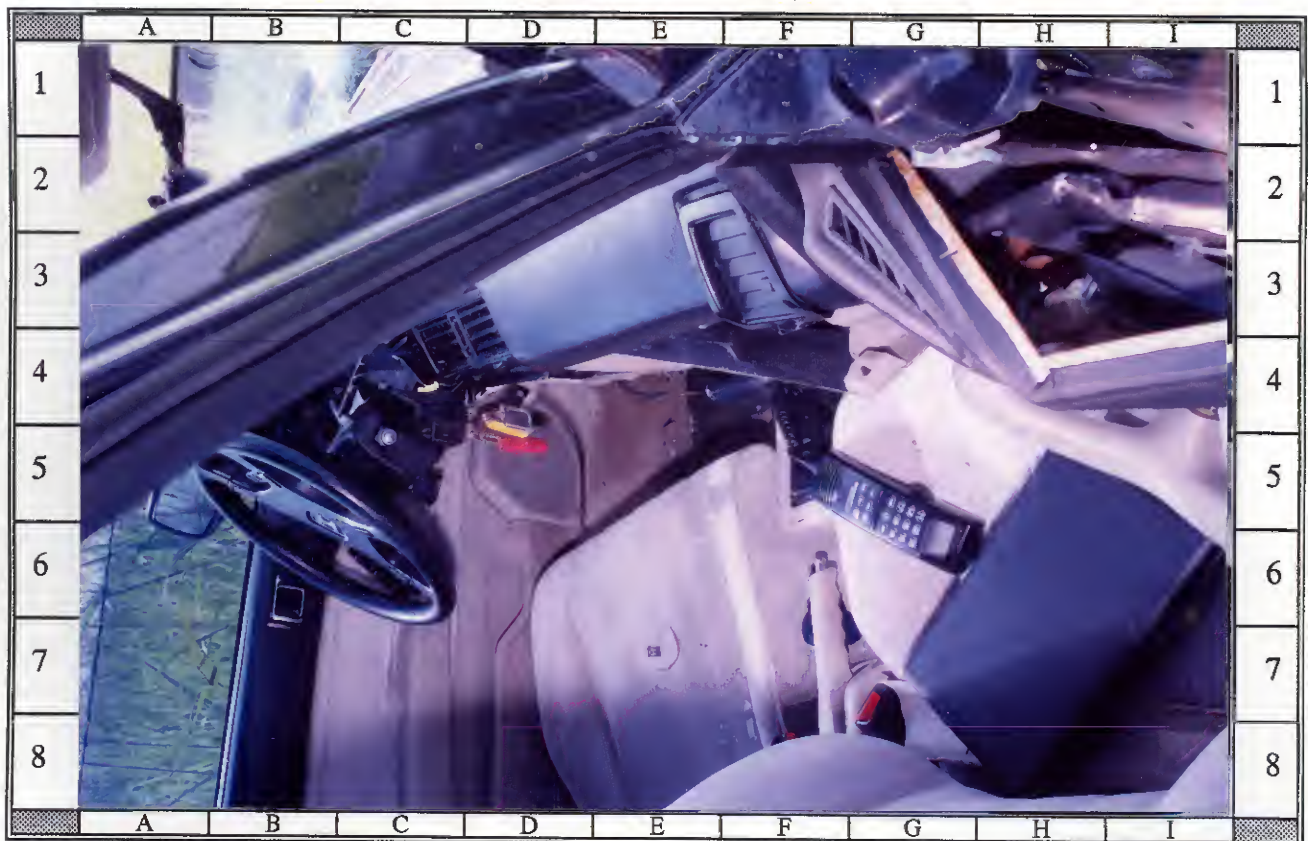
17: On-scene southeastward view of Vehicle #2 at final rest against wire fence and telephone pole off road in southeast quadrant of four-leg intersection



18: On-scene east-southeastward view of Vehicle #2's final rest position against wire fence and telephone pole off road in southeast quadrant of four-leg intersection



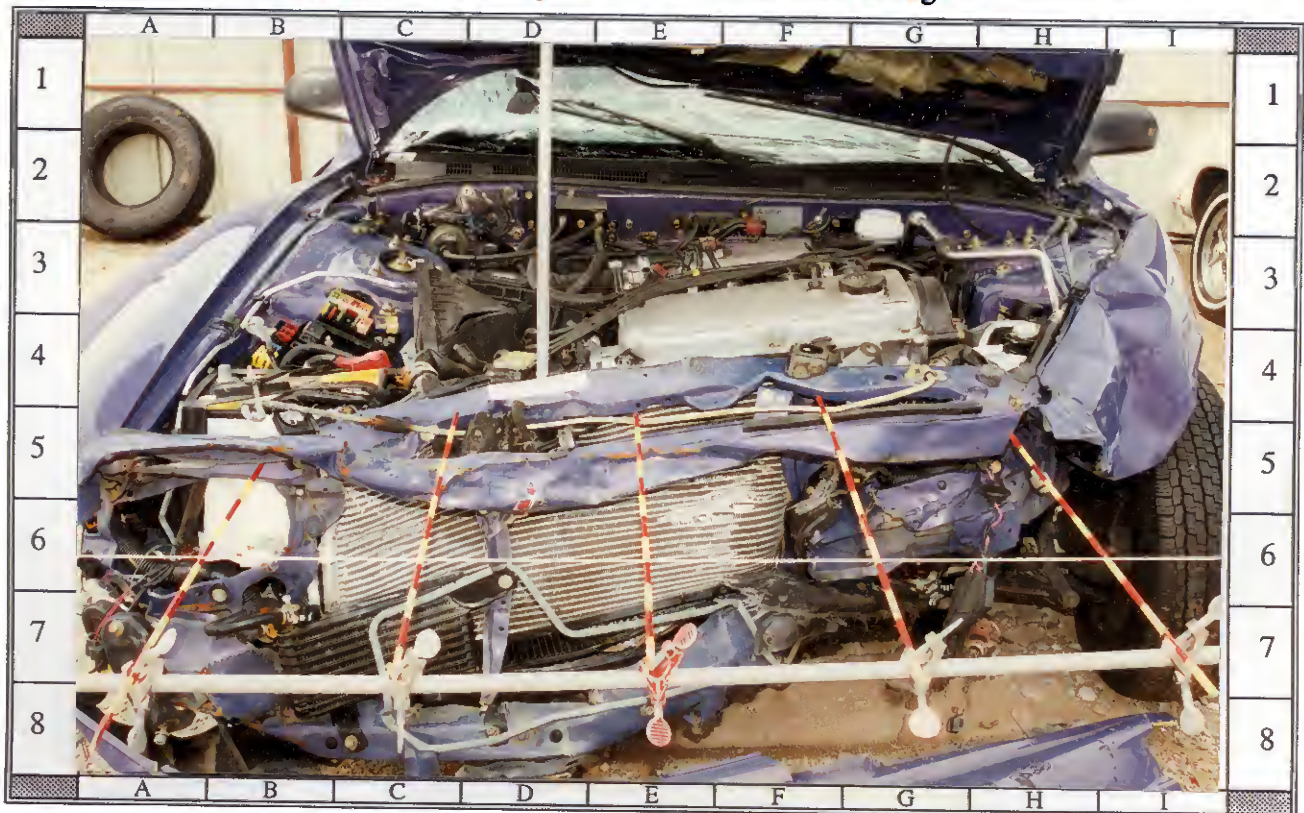
19: On-scene northeastward view of Vehicle #2 at final rest; NOTE: primary impact with Case Vehicle occurred to Vehicle #2's right front fender/tire area



20: On-scene eastward view of Vehicle #2's front seating area; NOTE: cellular telephone and steering wheel--not air bag equipped



21: Case Vehicle's frontal damage with contour gauge above bumper since bumper was torn away; NOTE: rightward shift of frontal damage



22: Close-up view of Case Vehicle's frontal damage; NOTE: penetration extends into radiator (see cells F5--F6) and windshield from hood

Case Vehicle: 1996 Mitsubishi Galant S, 4-Door Sedan, FWD, 5-Passenger, 2.4 L (144 in³) I-4 MPI



23: Case Vehicle's frontal damage viewed from approximately 30 degrees left of front



24: Reference line view along Case Vehicle's left side from front; NOTE: front end shift to right and inwardly distorted left front tire

Case Vehicle: 1996 Mitsubishi Galant S, 4-Door Sedan, FWD, 5-Passenger, 2.4 L (144 in³) I-4 MPI



25: Close-up of direct contact to Case Vehicle's left front tire and hub cap



26: Close-up reference line view along Case Vehicle's left side from the left "A"-pillar area showing sideslap damage to Case Vehicle's left rear door

Case Vehicle: 1996 Mitsubishi Galant S, 4-Door Sedan, FWD, 5-Passenger, 2.4 L (144 in³) I-4 MPI



27: Sideslap damage to Case Vehicle's left rear door and left quarter panel viewed from approximately 60 degrees left of back



28: Close-up view of sideslap damage to Case Vehicle's left rear door and left quarter panel

Case Vehicle: 1996 Mitsubishi Galant S, 4-Door Sedan, FWD, 5-Passenger, 2.4 L (144 in³) I-4 MPI



29: Induced damage to Case Vehicle's left rear and undamaged back viewed from approximately 75 degrees left of back; NOTE: truck lid has been sprung



30: Close-up reference line view along Case Vehicle's left side from left rear corner showing sideslap damage to Case Vehicle's left rear door

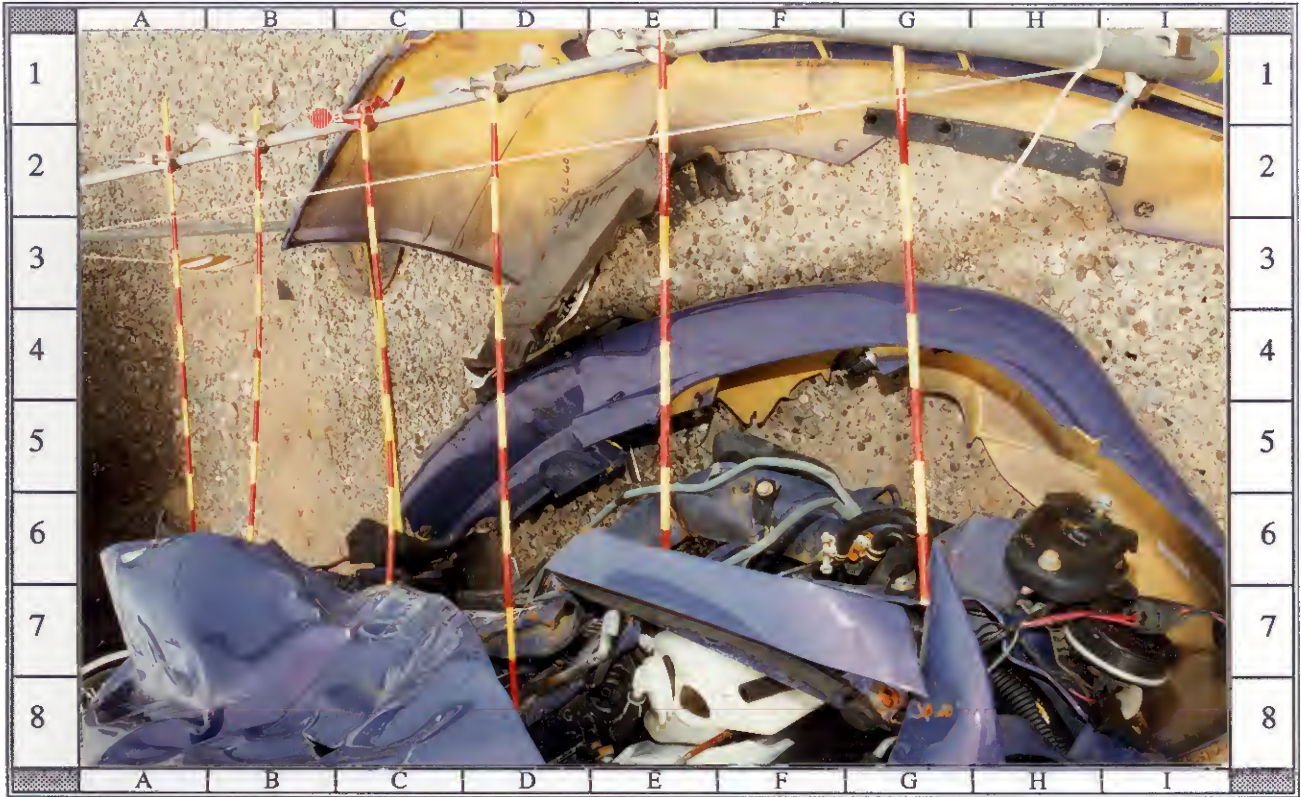


31: Case Vehicle's undamaged back and right rear viewed from approximately 75 degrees right of back



32: Case Vehicle's right side; NOTE: right front wheel pushed rearward and induced damage to right fender and right rear door (cells D4--D5)

Case Vehicle: 1996 Mitsubishi Galant S, 4-Door Sedan, FWD, 5-Passenger, 2.4 L (144 in³) I-4 MPI



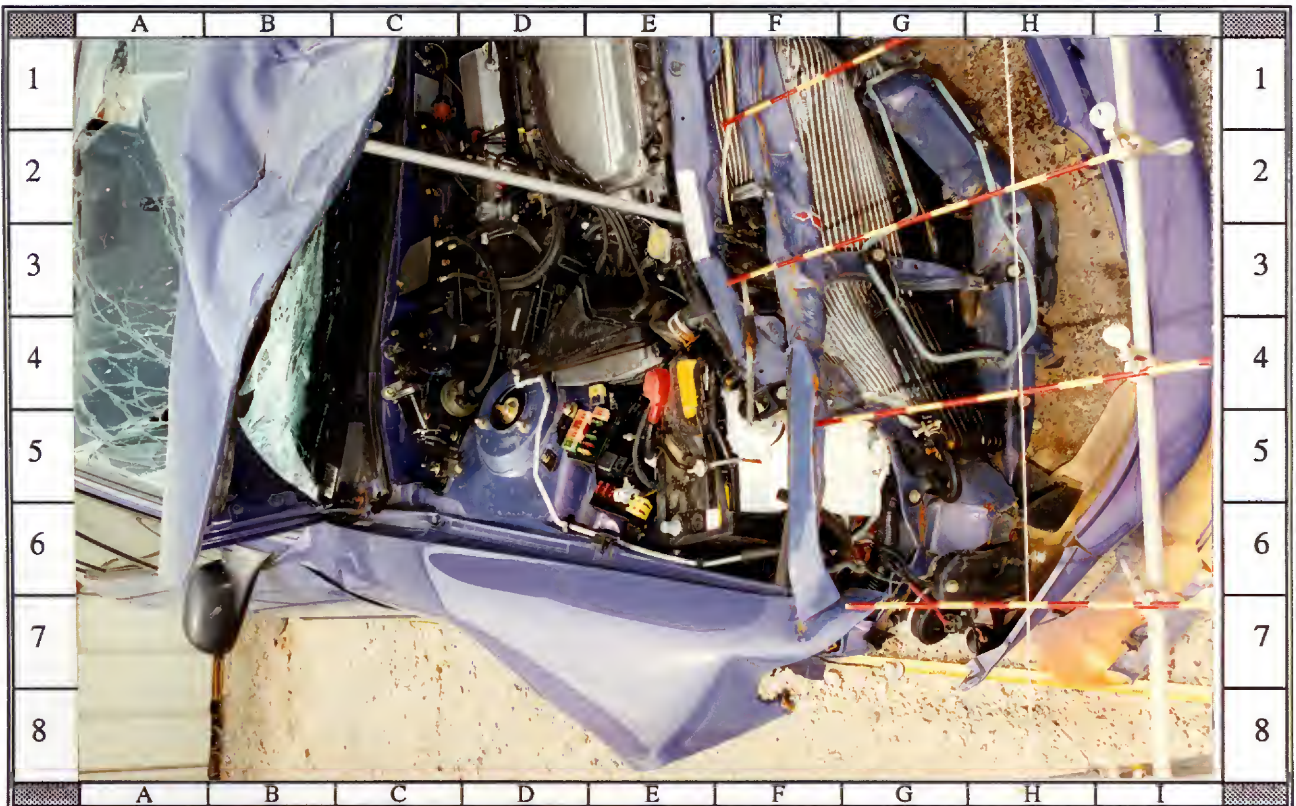
33: Reference line view across Case Vehicle's front from right showing extensive crush profile; NOTE: contour gauge situated above bumper



34: Case Vehicle's frontal damage viewed from approximately 45 degrees right of front; NOTE: induced damage to right fender and hood contact to windshield



35: Close-up of Case Vehicle's right windshield showing holed area; NOTE: windshield was cracked by hood but holed when the plastic melted in the sun



36: Reference line view along Case Vehicle's right side from front; NOTE: front end shift to right



37: Case vehicle's front seating area showing deployed air bags; NOTE: yellow tape indicates contact points and driver's air bag stuff back into module



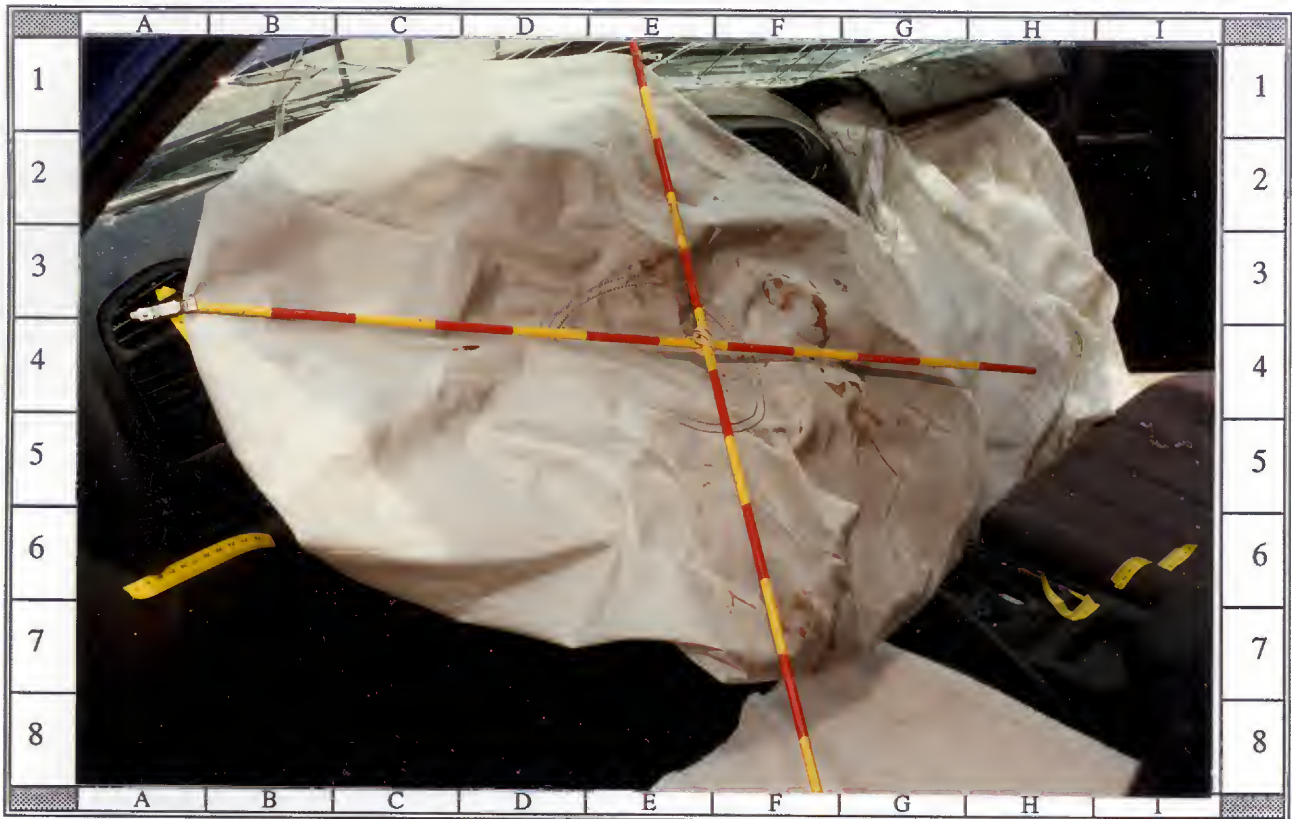
38: Case vehicle's front seating area showing deployed air bags; NOTE: contacts to left dash and center console and automatic transmission selector



39: Close-up of contact to Case Vehicle's air vent on left side of dash; NOTE: end of steering column-mounted turn signal indicator (cells I5--I6)



40: Close-up of left knee contact to Case Vehicle's lower left dash



41: Case Vehicle's deployed driver side air bag; NOTE: blood is from right front occupant



42: Close-up of Case Vehicle's deployed driver side air bag showing blood from right front occupant



43: Backside of Case Vehicle's deployed driver side air bag showing vent holes and noncontacted top cover flap



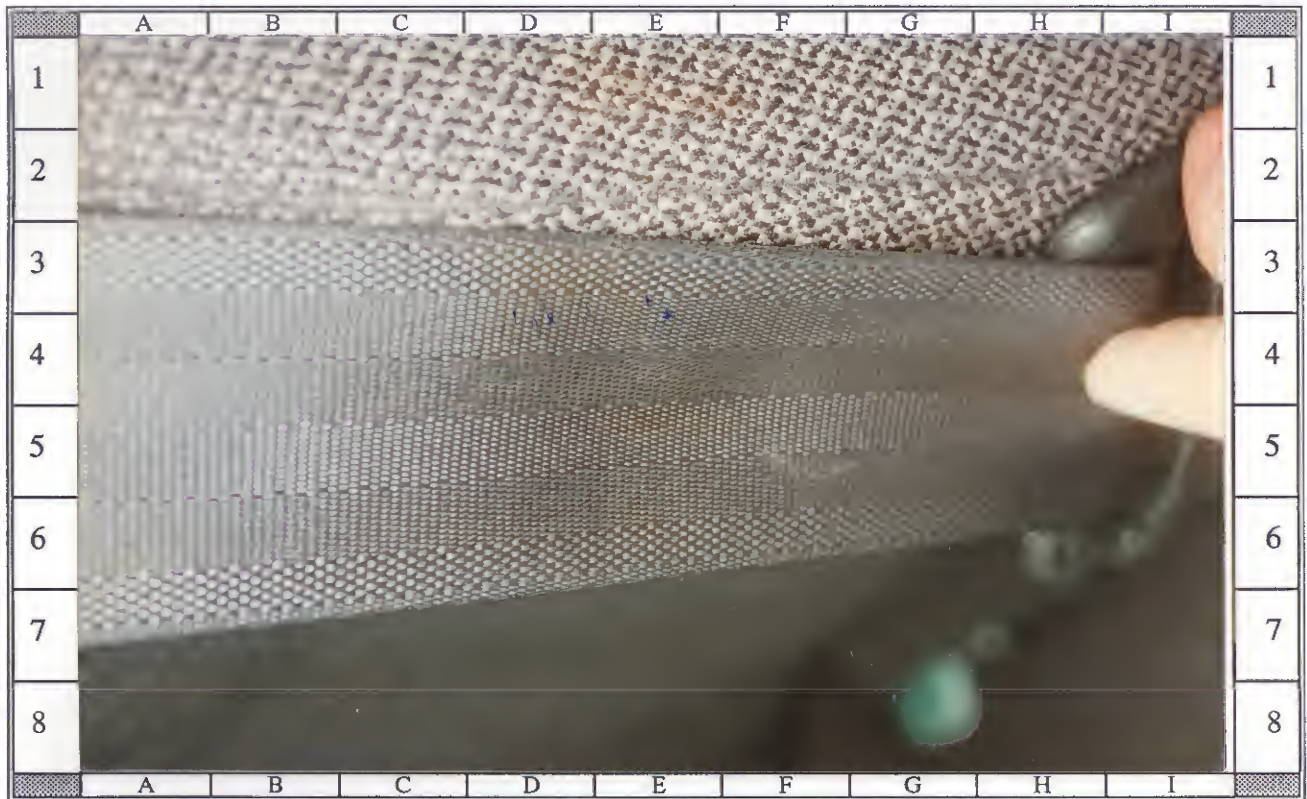
44: Case Vehicle's deployed driver side air bag viewed from right showing center dash and steering column; NOTE: collapsed windshield glazing



45: Case Vehicle's steering wheel viewed from right showing undeformed steering wheel rim



46: Close-up of Case Vehicle's driver side seatbelt webbing showing possible oil transfer; see cells E4--G5



47: Closer-up of Case Vehicle's driver side seatbelt webbing showing possible blood smear; see reddish area in cells D3--H4



48: Close-up of the latch plate on the Case Vehicle's driver side seatbelt showing evidence (scratching) of usage



49: Case Vehicle's collapsed right windshield, viewed from driver's seat, which was cracked by hood and holed when the plastic melted in the sun



50: Closer-up of Case Vehicle's collapsed right windshield; NOTE: rearview mirror is undamaged and no contact evidence on right front air bag module's cover flap



51: Case Vehicle's front seating area viewed from left showing collapsed windshield and contacts to floor mounted center console; NOTE: adjustable head restraints



52: Case Vehicle's contacted center console, center instrument panel, and deployed driver and passenger air bags viewed from right rear seat



53: Case Vehicle's right front seating area, viewed from right, showing contacts to passenger air bag and floor mounted center console



54: Closer-up view of pooled blood on Case Vehicle's right front seat and contacts to center console and flip-top storage box where right front passenger struck head

TRC/IU ON-SITE AIR BAG INVESTIGATION: Selected Photographs



55: Close-up view of Case Vehicle's contacted center console showing blood on edge of storage box; NOTE: unknown green substance near transmission selector



56: Close-up of unknown green substance near corner of Case Vehicle's center-mounted transmission selector lever



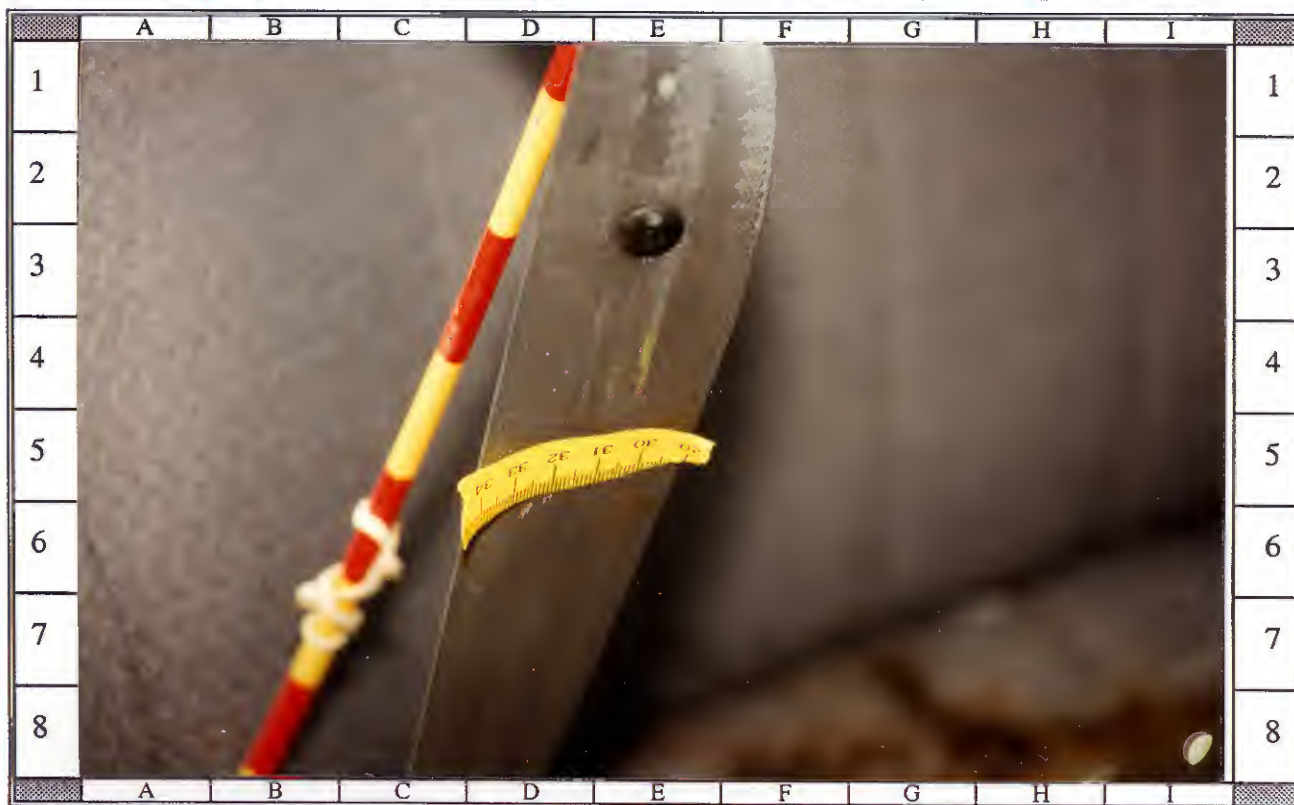
57: Close-up of blood and an unknown matter on Case Vehicle's right front seatbelt latching mechanism and seatback; see photograph #54 for perspective



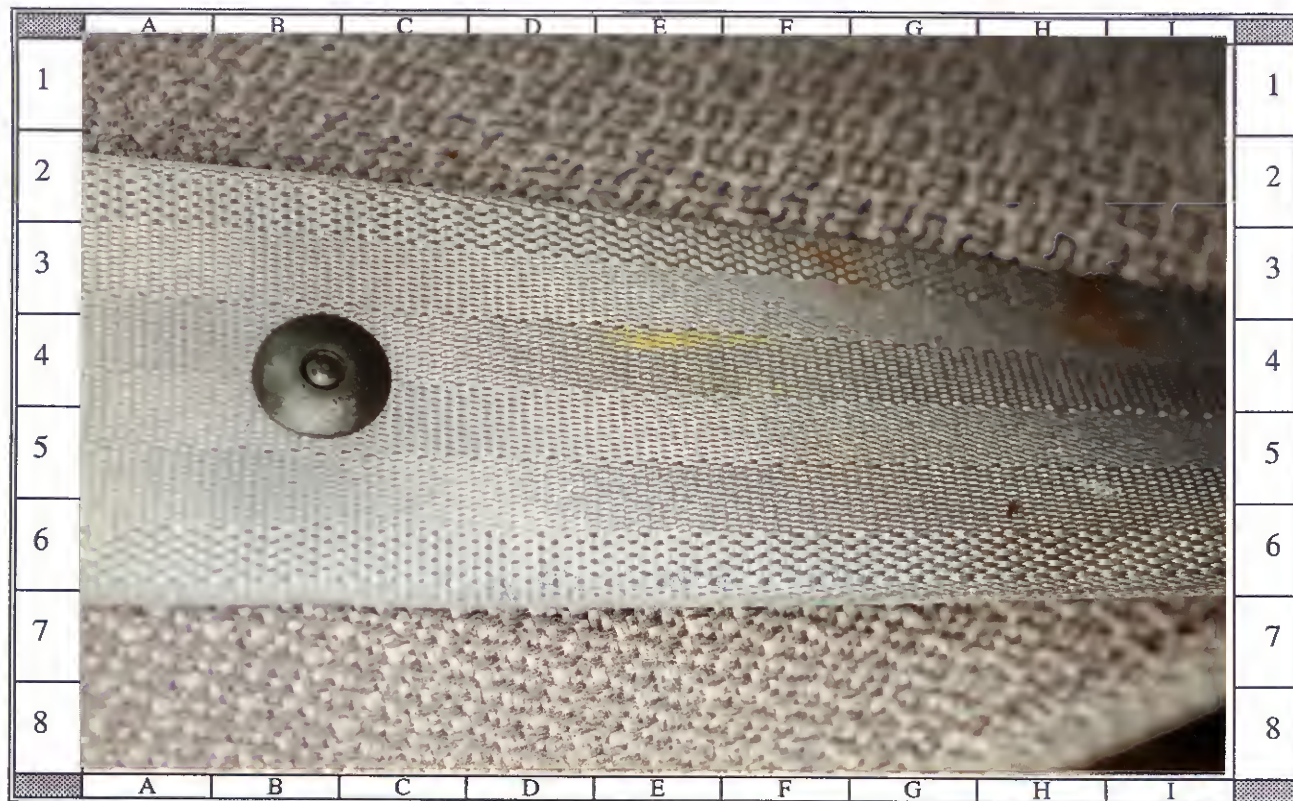
58: Close-up of blood smears on Case Vehicle's right front seatbelt webbing near where belt would have been hooked into latch plate mechanism



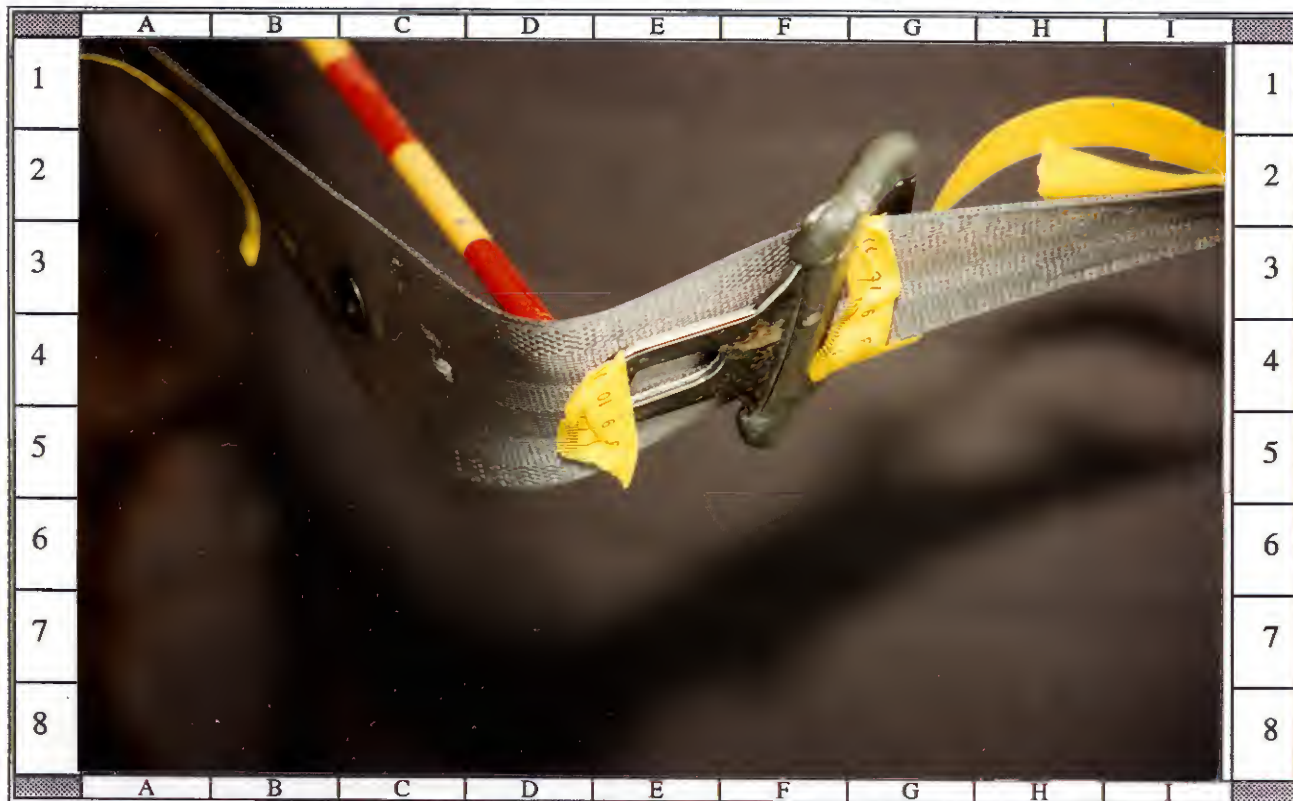
59: Close-up of unknown yellow and blue transfers to underneath side Case Vehicle's right front seatbelt webbing; NOTE: blood spot below yellow tape



60: Closer-up view of unknown yellow and blue transfers to underneath side Case Vehicle's right front seatbelt webbing; NOTE: blood spot below yellow tape



61: Closest-up view of unknown yellow (blue transfer not visible) transfer to underneath side Case Vehicle's right front seatbelt webbing; NOTE: blood spot



62: Close-up of Case Vehicle's right front seatbelt latch plate and underneath side of webbing; NOTE: blood spots on latch plate



63: Closer-up view of Case Vehicle's right front latch plate showing diagonal blood spots and scratches (near tip) indicating recent usage



64: Case Vehicle's right "B"-pillar showing right front "D"-ring as well as location of shoulder belt adjuster (i.e., at top)



65: Backside of Case Vehicle's right front "D"-ring showing evidence of loading (i.e., black mark, cell E5)



66: Case Vehicle's collapsed and cracked right windshield and right front air bag module's cover flap; NOTE: no evidence of contact to cover flap



67: Top and back of Case Vehicle's deployed right front air bag



68: Front surface of Case Vehicle's deployed right front air bag showing area of contact from right front passenger; NOTE: abrasion to back surface (cell H3)

TRC/IU ON-SITE AIR BAG INVESTIGATION: Selected Photographs



69: Front right of Case Vehicle's deployed passenger air bag showing an oily area of possible contact near right seam



70: Close-up view of suspected oily area on right front surface of Case Vehicle's deployed passenger side air bag

Case Vehicle: 1996 Mitsubishi Galant S, 4-Door Sedan, FWD, 5-Passenger, 2.4 L (144 in³) I-4 MPI



71: Case Vehicle's front seating area viewed from right; NOTE: adjustable head restraints and manual, three-point, safety belts



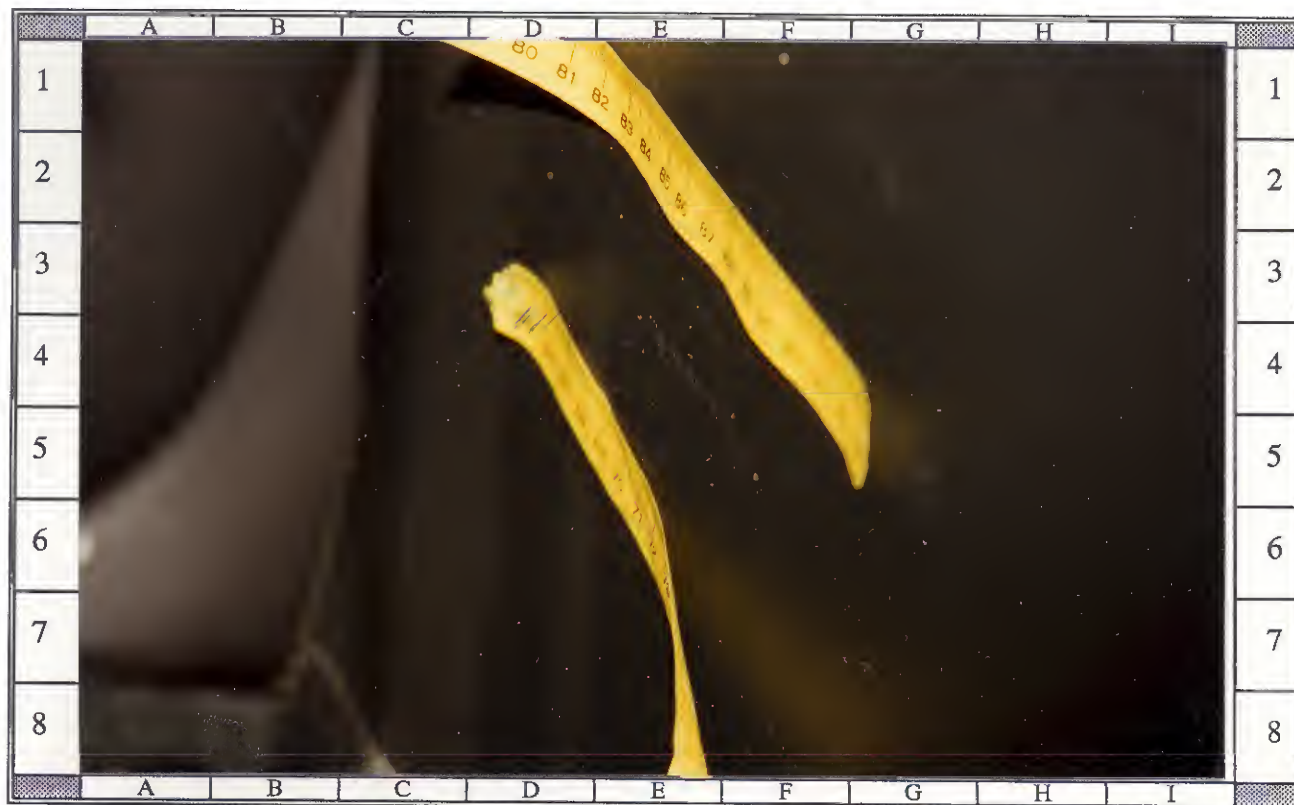
72: Case Vehicle's rear seating area and front seatback contacts (yellow tape) viewed from right rear door



73: Close-up of contact to left side of Case Vehicle's right front seatback



74: Close-up of horizontal possible contact mark to Case Vehicle's driver side seat-back

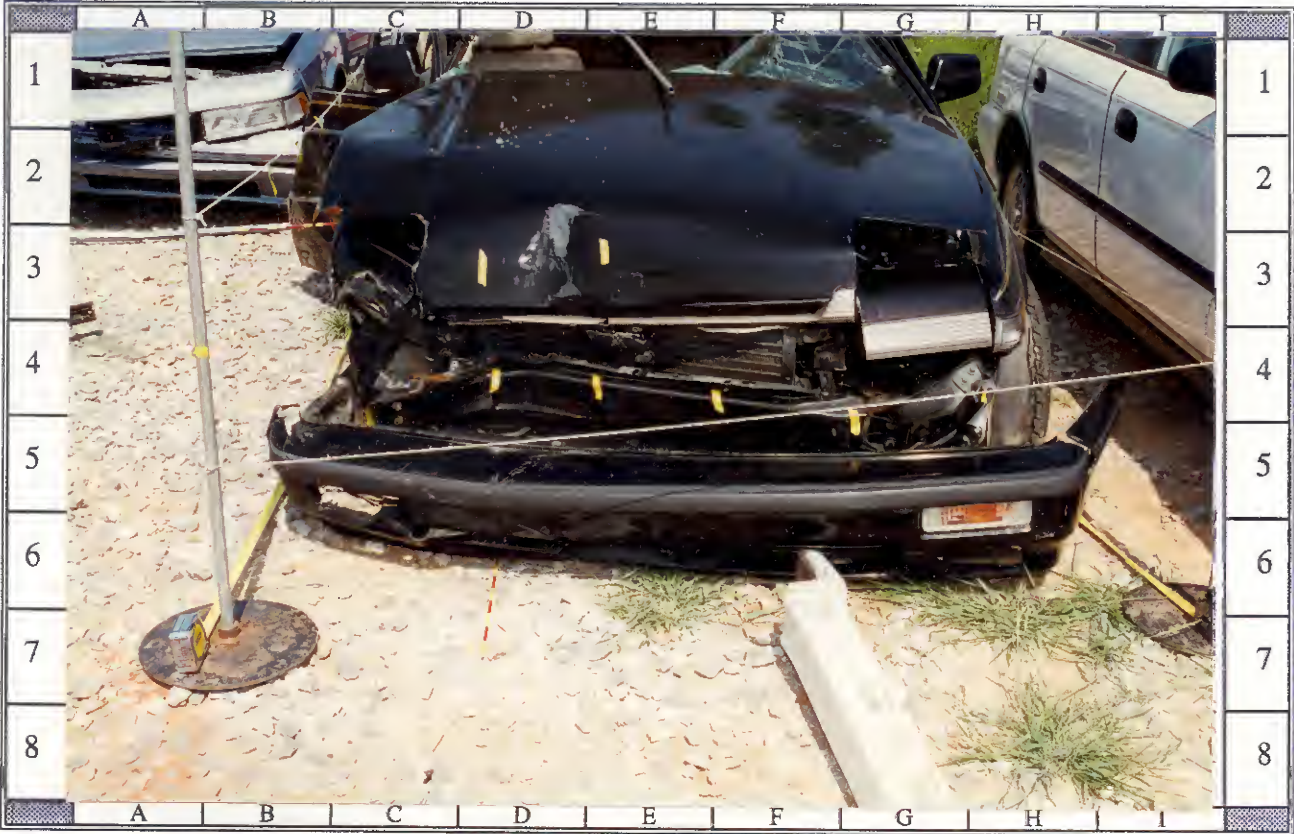


75: Closer-up view of horizontal possible contact mark to Case Vehicle's driver side seatback



76: 1988 Honda Accord's frontal damage showing location (yellow tape on hood and scaled measuring rod on ground) of utility pole impact; NOTE: holed windshield

Case Vehicle: 1996 Mitsubishi Galant S, 4-Door Sedan, FWD, 5-Passenger, 2.4 L (144 in³) I-4 MPI



77: Close-up of Vehicle #2's frontal damage from impact with utility pole



78: Closest-up view of Vehicle #2's frontal damage from impact with utility pole



79: Close-up of Vehicle #2's front bumper that was knocked off during utility pole impact



80: Reference line view along Vehicle #2's left side from front showing holed windshield and frontal damage shift caused by right side impact

Vehicle #2: 1988 Honda Accord, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (119 in³) I-4 MPI



81: Reference line view across Vehicle #2's front from left showing stringline placement and frontal damage from utility pole impact



82: Close-up of diagonal crack to Vehicle #2's sunroof caused by right side impact



83: Vehicle #2's undamaged left side (behind left "A"-pillar) and back; NOTE: head restraints for rear outboard seats



84: Reference line view along Vehicle #2's right side from back showing undamaged back and protrusion of right front door



85: Close-up of Vehicle #2's right rear from approximately 75 degrees right of front showing sideslap damage sustained following initial impact



86: Closer-up view of Vehicle #2's right rear from approximately 60 degrees right of front showing sideslap damage sustained following initial impact



87: Vehicle #2's primary right side impact with 1996 Mitsubishi Galant viewed from approximately 45 degrees right of front; NOTE: no stringline in place



88: Vehicle #2's right side impacts viewed from right with stringline in place; NOTE: primary impact involved right fender and front door areas, sideslap to right rear

Vehicle #2: 1988 Honda Accord, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (119 in³) I-4 MPI



89: Closer-up view of damage to Vehicle #2's right fender and right front door caused by initial impact with Case Vehicle



90: Reference line view across Vehicle #2's front from right showing damage to front from utility pole impact and rightward shift from right side impact

Vehicle #2: 1988 Honda Accord, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (119 in³) I-4 MPI

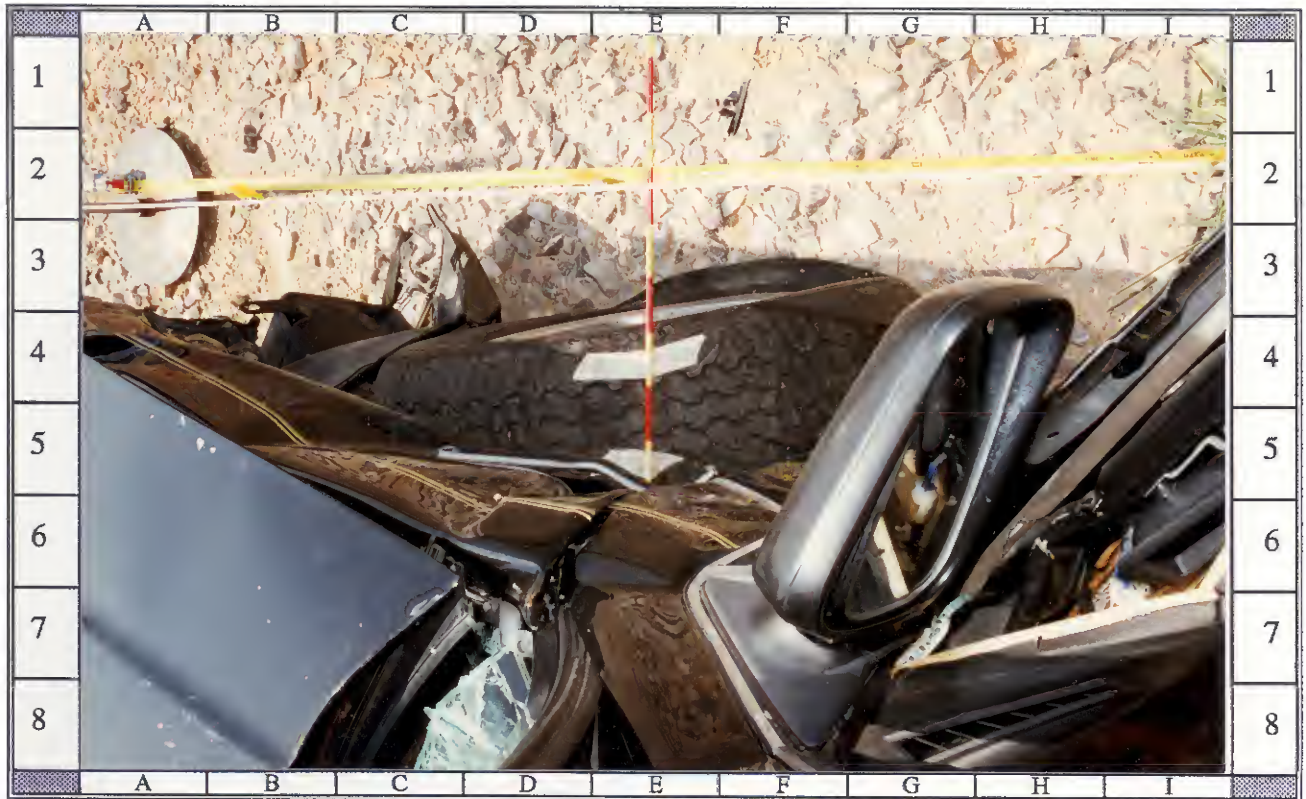


91: Vehicle #2's front and right side damage viewed from approximately 45 degrees right of front with stringlines present



92: Reference line view along Vehicle #2's damaged right side from front; NOTE: crush to right front area, protrusion of right front door, and holed windshield

Vehicle #2: 1988 Honda Accord, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (119 in³) I-4 MPI



93: Reference line view along Vehicle #2's right side from behind right front door showing damage to right front door, right fender, and right front wheel



94: Vehicle #2's driver seating area, dash, and steering wheel and column; NOTE: automatic transmission and non-presence of an air bag



95: Vehicle #2's left lower dash showing deformation caused by driver's left knee contact



96: Vehicle #2's front seating area showing contacted floor mounted transmission selector lever, opened glovebox, and intrusion to right front seat



97: Vehicle #2's steering wheel viewed from right showing no deformation or evidence of loading



98: Vehicle #2's left "B"-pillar area showing driver side seatbelt adjuster at the lowest position



99: Vehicle #2's driver side seatbelt latch plate showing signs of recent usage



100: Vehicle #2's right front passenger seating area showing extensive deformation and intrusion into the right front seat area; NOTE: adjustable head restraints



101: Vehicle #2's right rear seating area showing shattered right rear glazing and no indication of intrusion to right rear seating area



102: Vehicle #2's interior viewed through holed windshield; NOTE: rear seat integral headrest and outboard, manual, three-point, safety belts

POLICE ACCIDENT REPORT

DO NOT WRITE IN THIS SPACE

REPORTING AGENCY: [REDACTED] DEPARTMENT

ACCIDENT NUMBER

ADMINISTRATIVE	
----------------	--

DATE	YEAR	TIME	DAY OF WEEK	COUNTY	COUNTY
0927	96	0927	X		

(ADDRESS) INTERSECTING STREET ROAD OR HIGHWAY

STREET ROAD OR HIGHWAY

CITY NUMBER		DISTANCE FROM NEAREST CITY OR TOWN (MILES)	

[illegible]

MOTOR VEHICLES AND VES	2	NUMBER RAISED	1	NUMBER RAISED	4			
1. MOTOR VEHICLE		2. OTHER		3. PEDESTRIAN		4. ANIMAL		5. OTHER
COMMON MOTOR VEHICLE		HOLD SAFE PLACARD						

1	4	X					*	*
STREET / RD						CITY	STATE	ZIP

(3)									
DOB	SEX	DIVER LICENSE NUMBER	EXPIRATION DATE	STATE	CLASS	ENDORSEMENTS	RESTRICTIONS	PROFESSION	
[REDACTED]	M	[REDACTED]	[REDACTED]	NV	C		A	[REDACTED]	[REDACTED]

63	74										SAFETY EQUIPMENT IN USE	4/6/	BAG DEPLOYED*	x
REASON FOR REMOVAL	3	TYPE OF DAMAGE	4	NOT TRANSPORTED / TREATED										

LACTED?		N	X	PINNED?		N	X	CHEMICAL TEST		RESULTS	0.	% BRAC	DRIVER / PEDSTRAN CONDITION	/	TOWED VEHICLE - ON SCRAM:
---------	--	---	---	---------	--	---	---	---------------	--	---------	----	--------	-----------------------------	---	---------------------------

PL	YEAR	COLOR	MAKE	MODEL	STYL	SEZ	VIN	CLAS	PLATE	NO	CITY	STATE	ZIP
1994	BLU		MITSUBISHI	GALANT	4DR	M	4A3AT46G9TE						

[illegible]

SE COMPANY		4		COMPANY		EXEMPT (SELF INSURED)										7									
VERIFICATION																									
FROM MO		DAY		HR		TO MO		DAY		HR		AGENT NAME				ADDRESS				CITY		STATE		ZIP	

			LICAL SPEED	BEFORE CONTACT	CONTACT	ESTIMATED DAMAGES	BURNED?	"	N
-1- "RE MOVED"	[Redacted]		45 -	50 -	50 -	\$1000-			X

STATUS	CITE PAGE NUMBER	STATUS - ORIGINANCE NUMBER	CITE PAGE NUMBER
STATUS	CITE PAGE NUMBER	STATUS - ORIGINANCE NUMBER	CITE PAGE NUMBER

CLASSIFICATION	OCCUPANTS		DRIVER	PEDESTRIAN	ARMED & DANGEROUS	OTHER	COMMERCIAL MOTOR VEHICLE	PLATE
100	1	X						100

NAME: <u>76</u>	STATE: <u>[REDACTED]</u>	CLASS: <u>[REDACTED]</u>	ENDORSEMENTS: <u>[REDACTED]</u>	RESTRICTIONS: <u>[REDACTED]</u>	PHONE: <u>[REDACTED]</u>
-----------------	--------------------------	--------------------------	---------------------------------	---------------------------------	--------------------------

[REDACTED]	79	F	[REDACTED]	D	I	[REDACTED]
[REDACTED]	A	P	PLANNED	([REDACTED])	SAFETY EQUIPMENT	AIR BAG

SECT	4	OF	45	PAGES	BY	██████████	██████████	IN USE	7	DEPLOYED	
EXCISE							RESULTS	SEARCH & SEIZURE	1	CHIEF	VEHICLE

[illegible]

NAME [REDACTED] STREET NO. [REDACTED] CITY [REDACTED] STATE [REDACTED]
CITY [REDACTED] STATE [REDACTED]

NAME	DATE	INSURANCE	POLICY NO.
WILLIAM C. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ADDRESS	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

FROM NO	DATE	TO NO	DATE	AGENT NAME	
[REDACTED] AL6		[REDACTED] 97			
				LICAL SPEED	
				BEFORE CONTACT	
				CONTACT	
				ESTIMATED DAMAGE	
				BURNED	

45	45	40	\$8,000.
STATUTE	STATUTE	STATUTE	STATUTE

[illegible]

1	5	1	06	06	X	X	X	3
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[illegible]

UN	1	NAVY	4	TYPE OF NAVY	31	SACIN EQUIPMENT IN USE	4	SAC DEPLOYED	X	EXCITED	X	TAGE B*	(REDACTED)	6		
							MOBILE OFFICE SEA ADDRESS								PCHS	
															DOB AND DATE	

[illegible][illegible]

Q1 and Q2: Identity of person: 15
 OFFICER [REDACTED] [REDACTED] [REDACTED]
 REVIEWED BY: [REDACTED] & [REDACTED]
 DATE OF REVIEW: [REDACTED] 96

SURVIVOR/DEATH CONDITION		INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	SAFETY REASONING	CHEMICAL TEST	PHYSICAL TEST	INSTRUMENT READING	POSITION IN VEHICLE
1. AWARE - YES	2. AWARE - NO	1. NO INJURY	1. HEAD	1. DOT IN USE	1. AIR BAG	1. NO	1. REFUSED		FRONT 1 2 3
3. POSSIBLE - AWARE	4. POSSIBLE - AWARE	2. POSSIBLE INJURY	2. FINGER - INTERNAL	2. SEAT BELT	2. SAFETY BELT	2. OWNER	2. BREATH	3. SMALL M MEDIUM	
5. POSSIBLE - AWARE	6. POSSIBLE - AWARE	3. POSSIBLE INJURY	3. FINGER - EXTERNAL	3. SEAT BELT	3. SAFETY BELT	3. OPERATOR	3. BLOOD	4. LARGE M MEDIUM	

1. OOD OF A. CONTROL BEVERAGE	2. CONDITION NOT KNOWN	3. METABOLIC ABNORMALITY	4. RESPIRATORY	5. OTHER
6. DRUG USE INDICATE:	7. BODY DEFECTS	8. METABOLIC ABNORMALITY	9. RESPIRATORY	10. OTHER
11. YES OR NO	12. OTHER	13. FATAL INJURY	14. LEG	15. OTHER

CRASH DIAGRAM

DIRECTION OF TRAVEL UNIT 1 <u>1</u> UNIT 2 <u>2</u>	ONE INCH = <u>100</u> FEET VISIBILITY OBSERVED BY <u>NOTHING</u>
---	--

SEE SUPPLEMENT FOR DIAGRAM

REMARKS
 V-1 WAS EB ON [REDACTED] AND RAN THROUGH THE INTERSECTION AT [REDACTED] ON A RED LIGHT AND STRUCK V-2 WHICH WAS SB THROUGH THE INTERSECTION ON [REDACTED] ON A GREEN LIGHT. POINT OF IMPACT IS 5'4" N OF S CURB OF [REDACTED] AT THE W CURBLINE/ROADWAY EDGE OF [REDACTED]. BOTH VEHICLES LEFT THE ROADWAY AFTER IMPACT AND V-2 STRUCK A TELEPHONE POLE BEFORE COMING TO FINAL REST. V-1 TRAVELLED 65'10" AFTER IMPACT AND V-2 TRAVELLED 79'4" AFTER IMPACT. V-2 ALSO CAME TO REST AGAINST A BARBED WIRE FENCE. FATALITY VICTIM WAS FLOWN/TRANSPORTED

TELEPHONE INSTALLED	UNIT 1	UNIT 2	IN USE	UNIT 1	UNIT 2	INVESTIGATION MADE AT SCENE	X	MT & RUN	X	PHOTOGRAPHS TAKEN	X	OVERSIDE VEHICLE	
---------------------	--------	--------	--------	--------	--------	-----------------------------	---	----------	---	-------------------	---	------------------	--

WHAT VEHICLES WERE GOING TO DO 1. GO AHEAD 2. TURN LEFT 3. TURN RIGHT 4. MAKE "U" TURN 5. STOP 6. SLOW FOR CAUSE 7. START FROM PARK 8. CHANGE LANES 9. OVERTAKE 10. PASS 11. BACK 12. REMAIN STOPPED 13. REMAIN PARKED 14. OTHER <u>EXPLAIN</u>	WHAT VEHICLES DID 1. WENT AHEAD 2. TURNED LEFT 3. TURNED RIGHT 4. SWERVED LEFT 5. SWERVED RIGHT 6. ENTERED U-TURN 7. STOPPED 8. STARTED FROM PARK 9. ENTERED OTHER LANE 10. OVERTAKING 11. PARKING 12. BACKED 13. REMAINED STOPPED 14. REMAINED PARKED 15. RAN OFF ROADWAY - RIGHT 16. RAN OFF ROADWAY - LEFT 17. OTHER <u>EXPLAIN</u>	TRAFFIC CONTROL 1. STOP SIGN 2. TRAFFIC SIGNAL 3. FLASHING SIGNAL 4. YIELD SIGN 5. WARNING SIGN (PUSH OR OTHERWISE) 6. RAISED ADVANCE WARNING SIGN 7. RAISED CROSSBUCKS 8. RAISED BATES 9. RAISED SIGNAL 10. NO PASSING SIGN 11. OFFICER 12. NO CONTROL 13. ADEQUATE CONTROL 14. OTHER <u>EXPLAIN</u>
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TYPE OF ROAD 1. ONE-WAY ROAD 2. ALLEY 3. TWO LANES 4. THREE LANES 5. FOUR OR MORE LANES 6. FOUR OR MORE LANES 7. DRIVEWAY 8. TURN BAY 9. ON RAMP 10. OFF RAMP 11. CONSTRUCTION ZONE 12. OTHER <u>EXPLAIN</u>	ROAD CHARACTER 1. STRAIGHT - LEVEL 2. STRAIGHT - UPGRADE 3. STRAIGHT - DOWNGRADE 4. STRAIGHT - HILLCREST 5. CURVE - LEVEL 6. CURVE - UPGRADE 7. CURVE - DOWNGRADE 8. CURVE - HILLCREST 9. OTHER <u>EXPLAIN</u>	OBJECT STRUCK BY VEHICLE OR LOAD ON FIRST CONTACT 1. FENCE POLE 2. UTILITY POLE 3. GUARD RAIL 4. GUARD RAIL END 5. ISLAND POST 6. CULVERT 7. TRAFFIC SIGNAL 8. BARRIER 9. CURB 10. ISLAND 11. TRAFFIC CONTROL SIGN 12. SAND BARRIERS 13. ATTENUATORS 14. PAVEMENT DROP OFF 15. DITCH 16. EMBANKMENT 17. TREE 18. DIVERSION STRIP 19. RETAINING WALL 20. FENCE 21. BRIDGE ABUTMENT 22. BRIDGE PIER 23. BRIDGE RAIL 24. BRIDGE POST 25. BRIDGE CURB 26. BRIDGE SUPERSTRUCTURE (BRIDGE) 27. OTHER HIGHWAY STRUCTURE (BRIDGE) 28. OTHER <u>EXPLAIN</u>
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WEATHER 1. CLEAR 2. FOG 3. CLOUDS PRESENT 4. RAINING 5. SNOWING 6. OTHER <u>EXPLAIN</u>	LIGHT 1. DAYLIGHT 2. DARKNESS 3. LIGHTED 4. DAWN 5. DUSK 6. OTHER <u>EXPLAIN</u>	LOCALITY 1. RESIDENTIAL 2. BUSINESS 3. INDUSTRIAL 4. SCHOOL 5. NOT BUILT UP 6. OTHER <u>RURAL RESIDENTIAL</u>	ROAD SURFACE 1. CONCRETE 2. ASPHALT 3. GRAVEL 4. DIRT 5. OTHER <u>EXPLAIN</u>	ROAD CONDITION 1. DRY 2. WET 3. ICE 4. SNOW 5. SLUDGY 6. OTHER <u>EXPLAIN</u>
---	--	---	--	---

POINT OF FIRST CONTACT ON VEHICLE TOP _____ BOTTOM _____ 1 2 3 4 5 6 7 8 9 10 11 12	VEHICLE CONDITION 1. APPARENTLY NORMAL 2. BRAKES 3. HEADLIGHTS 4. STEERING 5. TAIL LIGHTS 6. BRAKE LIGHTS 7. TIRE/WEAR 8. SUSPENSION 9. OTHER <u>EXPLAIN</u>	PEDESTRIAN ACTION 1. CROSSING AT INTERSECTION 2. CROSSING/NOT AT INTERSECTION 3. CROSSING AT OTHER CROSSWALK 4. GETTING ON VEHICLE 5. GETTING OFF VEHICLE 6. WALKING WITH TRAFFIC 7. WALKING AGAINST TRAFFIC 8. PUSH ON VEHICLE 9. WORK ON VEHICLE 10. PLAYING 11. OTHER WORK 12. OTHER <u>EXPLAIN</u>
---	---	--

UNSAFE UNLAWFUL OR OTHER ACTION (THIS SECTION PRIMARILY FOR GENERAL STATISTICAL AND ADMINISTRATIVE PURPOSES)				BLOCKS 1 THRU 10 MUST BE DESCRIBED WHEN CHECKED			
UNIT 1	UNIT 2	UNIT 1	UNIT 2	UNIT 1	UNIT 2	UNIT 1	UNIT 2
X	1. FAILED TO YIELD/STOP		6. UNLAWFUL VEHICLE	1. FAILED TO STOP FOR RED LIGHT		8. NO IMPROPER ACTION	
	2. FOLLOWED TOO CLOSELY		7. LEFT OF CENTER/PASSING				
	3. UNLAWFUL SPEED	X	8. HIGHER SPEED IMPROPER ACTION				
	4. MADE IMPROPER TURN		9. PEDESTRIAN/VEHICLE ACTION				
	5. CHANGED LANES UNLAWFULLY		10. OTHER (DESCRIBE)				

Sheet 2, 2

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT — SUPPLEMENT —

COMMERCIAL	CONTINUATION	REPORTING AGENCY: DEPARTMENT	ACCIDENT NO	ADMINISTRATIVE
MONTH	DAY	YEAR 96	COUNTY	COUNTY NUMBER

COMMERCIAL VEHICLE — HAZARDOUS MATERIAL PLACARD

COMMERCIAL INFORMATION	UNIT NUMBER	US DOT CENSUS NUMBER	CC NUMBER	OCC NUMBER	QUALIFIED DRIVER	OWNED
CARRIER NAME	STREET/PO				CITY	STATE
CARRIER ADDRESS	LAST				FIRST	MIDDLE
DRIVER NAME	LAST				FIRST	MIDDLE

VEHICLE INFORMATION	OVERSICOM	TOTAL NO AXLES	HAZ MAT PLACARD	HAZARD CLASS	HAZARDOUS MATERIAL SPILL	VEHICLE CONFIGURATION	CARGO BODY TYPE	FEDERALLY REPORTABLE
COMMERCIAL INFORMATION	UNIT NUMBER	US DOT CENSUS NUMBER	CC NUMBER	OCC NUMBER	QUALIFIED DRIVER	OWNED		
CARRIER NAME	STREET/PO				CITY	STATE		
CARRIER ADDRESS	LAST				FIRST	MIDDLE		
DRIVER NAME	LAST				FIRST	MIDDLE		

VEHICLE INFORMATION	OVERSICOM	TOTAL NO AXLES	HAZ MAT PLACARD	HAZARD CLASS	HAZARDOUS MATERIAL SPILL	VEHICLE CONFIGURATION	CARGO BODY TYPE	FEDERALLY REPORTABLE
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INJURED/WITNESS CONTINUATION

NAME	WITNESS	PASSENGER	NAME LAST	MOBILE INITIAL	SEX	ADDRESS	DOB	DOB MONTH	DOB DAY	DOB YEAR
UNIT	HAZARD	SEVERITY	TYPE OF	SAFETY EQUIPMENT	AIR BAG	ELECTED	HAZARD	TAKEN	PHONE	DOB
NAME	WITNESS	PASSENGER	NAME LAST	MOBILE INITIAL	SEX	ADDRESS	DOB	DOB MONTH	DOB DAY	DOB YEAR
UNIT	HAZARD	SEVERITY	TYPE OF	SAFETY EQUIPMENT	AIR BAG	ELECTED	HAZARD	TAKEN	PHONE	DOB
NAME	WITNESS	PASSENGER	NAME LAST	MOBILE INITIAL	SEX	ADDRESS	DOB	DOB MONTH	DOB DAY	DOB YEAR
UNIT	HAZARD	SEVERITY	TYPE OF	SAFETY EQUIPMENT	AIR BAG	ELECTED	HAZARD	TAKEN	PHONE	DOB
NAME	WITNESS	PASSENGER	NAME LAST	MOBILE INITIAL	SEX	ADDRESS	DOB	DOB MONTH	DOB DAY	DOB YEAR
UNIT	HAZARD	SEVERITY	TYPE OF	SAFETY EQUIPMENT	AIR BAG	ELECTED	HAZARD	TAKEN	PHONE	DOB
NAME	WITNESS	PASSENGER	NAME LAST	MOBILE INITIAL	SEX	ADDRESS	DOB	DOB MONTH	DOB DAY	DOB YEAR
UNIT	HAZARD	SEVERITY	TYPE OF	SAFETY EQUIPMENT	AIR BAG	ELECTED	HAZARD	TAKEN	PHONE	DOB
NAME	WITNESS	PASSENGER	NAME LAST	MOBILE INITIAL	SEX	ADDRESS	DOB	DOB MONTH	DOB DAY	DOB YEAR
UNIT	HAZARD	SEVERITY	TYPE OF	SAFETY EQUIPMENT	AIR BAG	ELECTED	HAZARD	TAKEN	PHONE	DOB
NAME	WITNESS	PASSENGER	NAME LAST	MOBILE INITIAL	SEX	ADDRESS	DOB	DOB MONTH	DOB DAY	DOB YEAR
UNIT	HAZARD	SEVERITY	TYPE OF	SAFETY EQUIPMENT	AIR BAG	ELECTED	HAZARD	TAKEN	PHONE	DOB
NAME	WITNESS	PASSENGER	NAME LAST	MOBILE INITIAL	SEX	ADDRESS	DOB	DOB MONTH	DOB DAY	DOB YEAR
UNIT	HAZARD	SEVERITY	TYPE OF	SAFETY EQUIPMENT	AIR BAG	ELECTED	HAZARD	TAKEN	PHONE	DOB

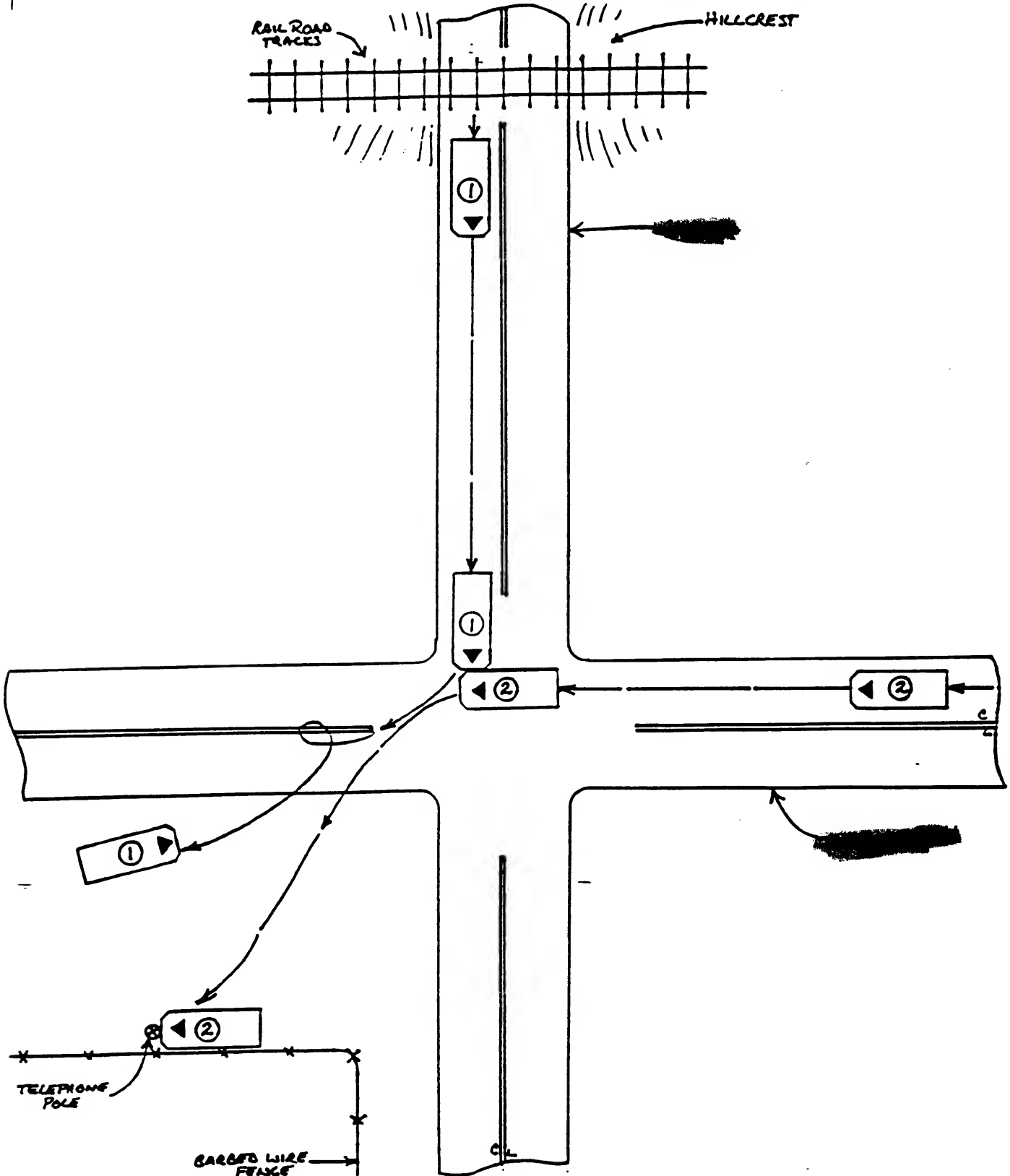
OFFICER	TRAFFIC DIVISION	DATE OF REPORT
---------	------------------	----------------

VEHICLE CONFIGURATION	CARGO BODY TYPE	HAZARD SEVERITY	TYPE OF HAZARD	SAFETY EQUIPMENT IN USE	PROVIDED IN VEHICLE
1 BUS	1 BUS	1 NO HAZARD	1 HEAD	1 NOT IN USE	1 AIR BAG
2 SINGLE TRUCK — 2 AXLES	2 VAN/BOX	2 POSSIBLE HAZARD	2 TRUNK—EXTERNAL	2 SEAT BELT	2 SAFETY HELMET
3 SINGLE TRUCK — 3 OR MORE AXLES	3 CARGO TANK	3 NON-CAPACITATING	3 TRUNK—INTERNAL	3 SHOULDER BELT	3 COMBINATION OF 2 & 3
4 TRUCK & TRAILER	4 FLATBED TRAILER	4 INCARCERATING	4 AIR	4 CHILD RESTRAINT	
5 TRUCK TRACTOR — BODY	5 DUMP	5 FATAL HAZARD	5 LBS		

by Mediflight Helicopter to [REDACTED] in OKC where he was later pronounced dead.

SECTION OF TRAIL
 UNIT 1 X
 UNIT 2 X
 VISIBILITY OBSERVED BY NOTHING

DIAGRAM TO SCALE 1" X SCALE



INCIDENT: Fatality Traffic Accident
DATE: [REDACTED] 1996
TIME: 09:27 A.M.
LOCATION: [REDACTED]

On [REDACTED] 1996 at approximately 0927 hours I was dispatched to an injury accident at the intersection of [REDACTED] and [REDACTED]. The first call came in as an injury accident. Officer [REDACTED] was the first officer to arrive at the scene and advised that it could possibly be a fatality accident.

Upon arrival I observed there were two vehicles involved. These vehicles and drivers are:

Vehicle #1

1994 Blue Mitsubishi Galant 4 Door, bearing [REDACTED] Nevada tag [REDACTED]

VIN: 4A3AJ46G9TE [REDACTED]

Driven by:

[REDACTED] NV [REDACTED]

Phone: [REDACTED] (as of [REDACTED] 96 this number has been disconnected with no new listing available)

Vehicle #2

1988 Black Honda Accord 4 Door, bearing [REDACTED] OK tag [REDACTED]

VIN: JHMCA564XJC [REDACTED]

Driven by:

[REDACTED] (juvenile) [REDACTED], OK [REDACTED]

Phone: [REDACTED]

Parent:

[REDACTED] (same address)

The road surfaces were dry. The morning was clear and hot and the temperatures were in the upper 80's to lower 90's. The speed limit for each roadway is 45 mph (see attached traffic collision report for additional information). [REDACTED] are both two-lane, flat roadways, and each has a no-passing zone on approach to the intersection.

Vehicle #1 was eastbound on [REDACTED] approaching [REDACTED]. Vehicle #2 was southbound on [REDACTED] approaching [REDACTED]. Vehicle #1 ran the red light traveling eastbound and struck vehicle #2 which was southbound through the intersection on a green light. Point of impact is approximately 5'4" north of the south curb of [REDACTED] and at the west curb line/roadway edge of [REDACTED]. Both vehicles left the roadway after impact and Vehicle #2 struck a telephone before coming to final rest. Vehicle #1 traveled approximately 65'10" after impact and Vehicle #2 traveled approximately 79'4" after impact. Vehicle #2 also came to rest against a barbed weir fence.

I made contact with three people at the scene who witnessed the accident and they provided written voluntary statements (attached). In addition to these statements, I briefly interviewed them and wrote their comments on my accident field notes.

I spoke with the driver of Vehicle #1, [REDACTED] and he gave the following account of how the accident occurred. This account was taken at the scene of the accident.

[REDACTED]
: You're driving this right?

: Yes sir.

: What's your name?

: You want to tell me what happened [REDACTED].

: I was coming down the street.

Which way?
I was going this way.
Going east?
Yes sir.
Okay.
I didn't see the light and I tried to put on my brakes.
Okay, about how fast were you going?
I was going probably about 45 or 50.
45, 50?
Maybe a little bit faster than that.
Okay, you know what the speed limit is?
45 aint it?
Okay, yeah. Are you in a hurry to get somewhere?
I was trying to get back on 35 since I got lost.
Where are you headed to?
[REDACTED] Oklahoma.
[REDACTED] Where are you coming from?
Um, we stopped in [REDACTED] last night.
Okay, is that where you're from, er your not local?
I'm originally from [REDACTED] Oklahoma. I live in [REDACTED] (inaudible).
Okay, what were you doing out on this road?
We came up I missed the turn off 35 (inaudible) was trying to get back on.
Okay. Uh, who was seat, how many's in the car with you, you and your wife.
And my two kids.
Your two kids. Who, who all was in the front seat?
My wife and my oldest son were in the back and my youngest son was in the front.
Okay, whose your old, youngest son?
That one.
Okay, what's his name?
[REDACTED]
[REDACTED] is in the front seat with you and did [REDACTED] have his seat belt on?
Yes he did.
Okay, how about you, did you have your seat belt on?
Yes I did.
Okay and your wife, her name is what?
[REDACTED]
[REDACTED] And she was seated where at the time?
In the back.
On which side?
This side I believe.
Uh, the passenger side or the driver's side?
Passenger side.
Okay, did she have her seat belt on?
Yes she did.
Okay, and your other son?
[REDACTED]
[REDACTED] How old, uh, did he have his seat belt on?
Yes he did.
Where was he seated?
He was sitting on the other side, in behind me.
Okay, he just, okay, tell me about the light again.
I came, I came up on the highway and we had just stopped because my oldest son had just got sick.
Uh huh.

Q I was coming up on the light and I didn't see it 'cause of the sun, I didn't see the light and all the sudden I just seen it when I got up on it and I tried to stop, that's when I hit that car.

A Okay.

End of statement.

I spoke with [REDACTED] at the scene of the accident. [REDACTED] is an [REDACTED] firefighter and he arrived on the scene of the accident immediately afterwards. He stated that he took the small child [REDACTED] from the mother, who had him in her lap in the back seat. [REDACTED] placed him onto the ground and immobilized him until additional medical arrived. I asked if he knew whether or not [REDACTED] had his seat belt on and he could not advise one way or another.

[REDACTED] was air lifted to [REDACTED] Hospital in [REDACTED] by [REDACTED] was transported to [REDACTED] Hospital by a police officer.

I spoke with the driver of Vehicle #2, [REDACTED] in the emergency room at [REDACTED] Hospital and she gave the following account of the accident:

Q Tell me, what, your side of the accident, what you were doing and I'll jump in when I need to and (inaudible) okay?

A Um, I was on my way to the [REDACTED] I'm a volunteer.

Q Okay, where were you coming from?

A Um, I was coming from [REDACTED] and [REDACTED] but I had come, I was going west on [REDACTED] and I had turned south onto [REDACTED]

Q Okay.

A And so I was riding south on [REDACTED] and I started approaching the intersection of [REDACTED] and [REDACTED]

Q Okay, hold on just a second. What color of light did you have?

A Green. And it had been green for some time.

Q Okay. Did you have your seat belt on you said? Is your car equipped with air bags? Do you remember? About how fast were you going?

A Um, 40 (inaudible).

Q Do you think maybe a little faster or a little slower? Or just maybe probably.

A (Inaudible) slower.

Q Was there any other traffic that you were aware of?

A No there wasn't anyone.

Q There wasn't anyone in front of you?

A No [REDACTED]

Q There wasn't anyone in front of you?

A I don't recall.

Q Okay, what about oncoming traffic? Was there any oncoming traffic?

A No there wasn't.

Q Okay, okay, then, okay. Did you slow down for the intersection or did you maintain your speed at 40?

A I slowed down, that's why I was around 40, maybe 35, around there.

Q Okay, you, you slowed down from 40 or you slowed down to 40?

A To 40.

Q Okay.

A I was going 45, the speed limit.

Q Okay. And you slowed down to, to go through the intersection.

A Yes.

Q Do you normally do that?

A Yes, my mom told me to.

Q Okay.

And then and I was starting to go through the intersection I saw on my right, I guess it was coming from the west, going east, I don't know, he, just ran his red light, and he just hit me and then that's all that I remember. The next thing, I just remember screaming and then I was in a (inaudible).

Okay. Do you recall, uh, hitting the brakes after you saw him (inaudible) it happen too fast?

I don't remember, yeah, it happened too fast.

Okay, okay.

I remember seeing him and uh, not stopping and I don't remember anything else after that.

Okay. The last (inaudible) that you saw was that you had a green light, correct?

Yeah.

Okay.

And then I saw him right after that.

Okay, uh, how fast do you estimate his speed?

Um, I don't know. It seemed really fast. I mean there was no way he could stop I don't think. He was just flying it seemed to me, but that might have been just.

Did you see the car or could you actually see the driver, when he was approaching?

I just saw the car (inaudible) blue.

You never made any facial or visual contact with the other driver? What about anybody else in the car, did you see anybody else in the car?

Not till after the accident.

Okay. Okay, tell me, uh, wait, hold on just a second, okay, after the accident, uh, after your car came to rest, what did you do?

I reached down, um, I was in shock, I reached down, I tried to get my car phone and dial 911 but it wasn't working and I saw some other people around and they yelled to me (inaudible) the car that they would get some help. So I climbed, I tried to open my passenger door and it would not open. And so I reclined my seat back and I grabbed my purse and I crawled to my back seat and I screamed to this lady, I said could you help me so she came and opened my door, and I got out the back right door, of my car.

Okay, did you hear any statements from any of the witnesses or any of the other drivers? Ok, did you ever talk to the other driver? Or do you know which one he was?

No.

Did you hear anybody about, maybe any of the witnesses or any of the, anybody at the scene, say anything that they said that they had seen?

That one lady just said that she say the whole thing and that's all that she said.

She didn't elaborate on that?

(Inaudible).

End of statement.

I spoke with [redacted] in the emergency room at the [redacted] Hospital. She relayed the same basic information about the events leading up to the accident, they were enroute to [redacted] to visit relatives, their oldest son became ill and they had to stop approximately ¼ mile down the road because he had to vomit. I asked her if [redacted] had been wearing his seat belt and she could not say for sure if he was or wasn't. She said that immediately after the accident, she pulled [redacted] into the back seat with her. I asked her how she did that and she said she reached forward and got him. I asked her if she had to unbuckle [redacted] from his seat belt and she could not remember doing it. I asked if she had a specific recollection about unbuckling him from his belt, still she could not recall doing it. She remembered handing [redacted] to a man (later identified as [redacted]).

After receiving the medical examiner's report, I contacted him [redacted] and inquired if there any evidence of bruising or abrasions that may have been caused by [redacted] seat belt. He indicated that there were none evident to him, only an abrasion above the right collar bone. In fact he had received information from the attending physician at [redacted] Hospital, [redacted], that [redacted] had been ejected from the vehicle on impact. An autopsy was not performed on [redacted]. I advised [redacted] that [redacted] had not been ejected from the vehicle. This information was somehow relayed to the [redacted] crew, who in turn advised [redacted], who relayed the information to [redacted]. This discrepancy was

apparently due to medical personnel seeing [REDACTED] outside the vehicle on the ground upon arrival. However, as earlier stated, this was because he was taken out of the car.

[REDACTED] sustained fatal head injuries in the accident. Officer [REDACTED] and I examined the interior and exterior of the [REDACTED] vehicle and were unable to locate any tissue or hair or damage to the interior that indicated what [REDACTED] may have struck his head on.

I spoke with [REDACTED] regarding filing [REDACTED] charges on [REDACTED] and submitted the accident report for those charges. The charge was declined and I gave him input on my feelings of not filing the charge.

Attorney for [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
fax [REDACTED]

VOLUNTARY STATEMENT

DATE - 96 PLACE Time Statement Started 945 AM P.M.I, the undersigned, of
 , being 32 years of age, born at on do hereby make the
following statement to he having firstIdentified himself as a Police Officer knowing
that I may have an attorney in my behalf present and that I do not have to make any statement nor incriminate my-
self in any manner. I make this statement voluntarily, of my own free will, knowing that such statement could later be
used against me in any court of law, and I declare that this statement is made without any threat, coercion, offer of
benefit, favor or offer of favor, leniency or offer of leniency by any person or persons whomsoever.

I was traveling from South to North on
 , a vehicle in front of me was traveling the
same direction (we had a green light). Another
vehicle traveling from West to going
fast over the railroad tracks ran through
a red light hitting the vehicle in front of
me.

I have read this statement consisting of 1 page(s) and the facts contained therein are true and correct.WITNESSES: TIME STATEMENT FINISHED 1002 AM P.M.
Signature of Person giving
voluntary statementPage 1 of 1 PagesDATE 96

EPD - FORM 21

VOLUNTARY STATEMENT

DATE

[REDACTED] 96

PLACE

[REDACTED]

Time Statement Started

10:30

AM

P.M.

I, the undersigned,

[REDACTED]

of

[REDACTED]

[REDACTED] being

39

years of age, born at

[REDACTED]

on

[REDACTED] - 5-6

do hereby make the

following statement to

[REDACTED]

he having first

Identified himself as a

[REDACTED] Police

, knowing

that I may have an attorney in my behalf present and that I do not have to make any statement nor incriminate myself in any manner. I make this statement voluntarily, of my own free will, knowing that such statement could later be used against me in any court of law, and I declare that this statement is made without any threat, coercion, offer of benefit, favor or offer of favor, leniency or offer of leniency by any person or persons whomsoever.

I was traveling north on [REDACTED] and at [REDACTED] Rd observed the following. The light for [REDACTED] was green at the [REDACTED] crossing. I saw a blue Mitsubishi coming East bound on [REDACTED], I could tell by his speed that he was not going to stop. I again checked the light and it was still green for [REDACTED]. I started slowing down so I would not be involved in a wreck that is when I observed a black Honda coming south on [REDACTED]. The Mitsubishi came through the crossing and struck the Honda almost in the center of the crossing almost in the center of the Honda. The Honda veered to the east into a ditch and struck a utility pole. The Mitsubishi almost went airborne after hitting the Honda and spun around and ended up facing north on the east side.

I have read this statement consisting of 2 page(s) and the facts contained therein are true and correct.

WITNESSES:

[REDACTED]

Signature of Person giving
voluntary statement

Page

1

of

2

Pages

DATE

[REDACTED] - 16

TIME STATEMENT FINISHED

A.M.

P.M.

VOLUNTARY STATEMENT

DATE _____ PLACE _____

Time Statement Started _____ A.M. _____ P.M.

I, the undersigned, _____, of _____

being _____ years of age, born at _____

_____ on _____ do hereby make the

following statement to _____ he having first

Identified himself as a _____, knowing that I may have an attorney in my behalf present and that I do not have to make any statement nor incriminate myself in any manner. I make this statement voluntarily, of my own free will, knowing that such statement could later be used against me in any court of law, and I declare that this statement is made without any threat, coercion, offer of benefit, favor or offer of favor, leniency or offer of leniency by any person or persons whomsoever.

of [REDACTED]. I called TII immediately who placed me with [REDACTED] Police and Ambulance. I gave them the location of the Accident. by this time there were several other people on the scene to render first aid. I opened bandages out of some ones first aid kit who was assisting a youth of about 10 years of age that was in the Mitsubishi with a head injury. by that time the police, fire, & EMSA arrived and I stood out of the way.

I have read this statement consisting of 2 page(s) and the facts contained therein are true and correct.

WITNESSES: _____

Signature of Person giving
voluntary statement

Page 2 of 2 Pages

TIME STATEMENT FINISHED _____ A.M. _____ P.M.

DATE [REDACTED] 9/6

TIME STATEMENT FINISHED 10:20 A.M. P.M. DATE 11/15

VOLUNTARY STATEMENT

DATE _____ PLACE _____

Time Statement Started _____ A.M. _____ P.M.

I, the undersigned, _____ of _____

_____ being _____ years of age, born at _____

_____ on _____ do hereby make the

following statement to _____ he having first

Identified himself as a _____, knowing that I may have an attorney in my behalf present and that I do not have to make any statement nor incriminate myself in any manner. I make this statement voluntarily, of my own free will, knowing that such statement could later be used against me in any court of law, and I declare that this statement is made without any threat, coercion, offer of benefit, favor or offer of favor, leniency or offer of leniency by any person or persons whomsoever.

In the blue car, the dad picked up the oldest boy from the front passenger side and placed him in the mothers lap in the back seat, the youngest child was right behind the father in the back seat.

I have read this statement consisting of 2 page (s) and the facts contained therein are true and correct.

WITNESSES: _____

Signature of Person giving
voluntary statementTIME STATEMENT FINISHED 10:20 A.M. P.M.Page 2 of 2 PagesDATE 10-96

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

**ON-SITE FOLLOW-ON
AIR BAG INVESTIGATION**
NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-22
FLEET - RENTAL VEHICLE
LOCATION - OKLAHOMA
ACCIDENT DATE - [REDACTED], 1996

Submitted By:

[REDACTED]
Senior Staff Associate
and
[REDACTED]
Associate Scientist

[REDACTED] 1997

Revised Submission:

[REDACTED] 1998

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9622

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 09/06/96

5. Time of Accident 0927

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use 0

7. 0 SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)

8. 0 SS17 Impact Fires 0

9. 0 SS18 Unsafe Driver Actions 0

10. 0 SS19 Run Off Road 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 04

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>R</u>
19. <u>02</u>	20. <u>01</u>	21. <u>02</u>	22. <u>L</u>	23. <u>02</u>	24. <u>02</u>	25. <u>R</u>
26. <u>03</u>	27. <u>02</u>	28. <u>02</u>	29. <u>L</u>	30. <u>57</u>	31. <u>00</u>	32. <u>0</u>
33. <u>04</u>	34. <u>02</u>	35. <u>02</u>	36. <u>F</u>	37. <u>52</u>	38. <u>00</u>	39. <u>0</u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle *CV: 103.7 → 263*
 (01) Subcompact/mini (wheelbase < 254 cm)
 (02) Compact (wheelbase ≥ 254 but < 265 cm) ←
 (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
 (04) Full size (wheelbase ≥ 278 but < 291 cm)
 (05) Largest (wheelbase ≥ 291 cm)
 (09) Unknown passenger car size
 (14) Compact utility vehicle *V2: 102.4 → 260*
 (15) Large utility vehicle (≤ 4,536 kgs GVWR)
 (16) Utility station wagon (≤ 4,536 kgs GVWR)
 (19) Unknown utility type
 (20) Minivan (≤ 4,536 kgs GVWR)
 (21) Large van (≤ 4,536 kgs GVWR)
 (24) Van Based school bus (≤ 4,536 kgs GVWR)
 (28) Other van type (≤ 4,536 kgs GVWR)
 (29) Unknown van type (≤ 4,536 kgs GVWR)
 (30) Compact pickup truck (≤ 4,536 kgs GVWR)
 (31) Large pickup truck (≤ 4,536 kgs GVWR)
 (38) Other pickup truck (≤ 4,536 kgs GVWR)
 (39) Unknown pickup truck type (≤ 4,536 kgs GVWR)
 (45) Other light truck (≤ 4,536 kgs GVWR)
 (48) Unknown light truck type (≤ 4,536 kgs GVWR)
 (49) Unknown light vehicle type
 (50) School bus (excludes van based) (> 4,536 kgs GVWR)
 (58) Other bus (> 4,536 kgs GVWR)
 (59) Unknown bus type
 (60) Truck (> 4,536 kgs GVWR)
 (67) Tractor without trailer
 (68) Tractor-trailer(s)
 (78) Unknown medium/heavy truck type
 (79) Unknown light/medium/heavy truck type
 (80) Motored cycle
 (90) Other vehicle
 (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|-------------------------|----------------|-------------------|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |
| | | | |
-
- | | | | |
|-------------------------------|-------------------------|---|-------------------------|
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle | (L) Left side | (C) Rear of cab |
| | (N) Noncollision | (B) Back of unit with cargo area
(rear of trailer or straight truck) | (V) Front of cargo area |
| | (F) Front | (D) Back (rear of tractor) | (T) Top |
| | (R) Right side | | (U) Undercarriage |
| | | | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- (01-30) — Vehicle Number
- Noncollision
- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____
- (36) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown
- Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)
- Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object
- Collision with Nonfixed Object
- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9622
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 96
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): Mitsubishi 52
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): GALENT S 034
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type 04
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number
4A3A146G9TE
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
11. Police Reported Travel Speed 081
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown
50 mph X 1.6093 = 80.5 kmph

12. Speed Limit 072
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

45 mph X 1.6093 = 72.4 kmph

13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code [REDACTED]
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 1
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRAASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
- (0) Non-interchange area and non-junction
 - (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) _____

(5) _____
Unknown type of junction

(9) Unknown

20. Trafficway Flow 0
- (0) Not physically divided (two way traffic)
 - (1) Divided trafficway-median strip without positive barrier
 - (2) Divided trafficway-median strip with positive barrier
 - (3) One way traffic
 - (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
- (2) Two
- (3) Three
- (4) Four
- (5) Five
- (6) Six
- (7) Seven or more
- (9) Unknown

PER
PAR
DRAWING

22. Roadway Alignment 1

- (1) Straight
- (2) Curve right
- (3) Curve left
- (9) Unknown

PER
PAR

23. Roadway Profile 1

- (1) Level
- (2) Uphill grade (> 2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (9) Unknown

PER
PAR

24. Roadway Surface Type 2

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): _____
- (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

26. Light Conditions 1

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (6) Sleet and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
- (9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)

(7) Unknown sign

(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): _____
- (2) Traffic control device functioning properly
- (9) Unknown

PRECRAASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
- (01) Attentive or not distracted Per driver
- (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 01
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 17

THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

<p>33. Attempted Avoidance Maneuver <u>04</u></p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): _____ (99) Unknown</p> <p>34. Pre-Impact Stability <u>1</u></p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): _____ (9) Precrash stability unknown</p>	<p>35. Pre-Impact Location <u>1</u></p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p> <p>36. Accident Type <u>86</u></p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): _____ (99) Unknown</p>
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STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 21 SLOWER 25, 26, 27	24 25 DECEL. 28, 29, 30, 31	26 27 30 SPECIFICS OTHER	28 29 SPECIFICS UNKNOWN
	E Forward Impact	34 35 CONTROL/ TRACTION LOSS	36 37 CONTROL/ TRACTION LOSS	38 39 AVOID COLLISION WITH VEH.	40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	44 45	46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	54 55 CONTROL/ TRACTION LOSS	56 57 CONTROL/ TRACTION LOSS	58 59 AVOID COLLISION WITH VEH.	60 61 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 69 INITIAL OPPOSITE DIRECTIONS	71 70 INITIAL SAME DIRECTIONS	73 72	(EACH • 74) (EACH • 75) SPECIFICS OTHER	SPECIFICS UNKNOWN
	K Turn Into Path	77 76 TURN INTO SAME DIRECTION	79 78 TURN INTO OPPOSITE DIRECTIONS	81 80	(EACH • 84) (EACH • 85) SPECIFICS OTHER	SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	86 87	88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	92 93 BACKING VEH.	93 OTHER VEH OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 04
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 04

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.280
2,822 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
2,822 lbs X 4536 = 1,280 kgs

Source: _____

44. Vehicle Cargo Weight 0030
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
63 lbs X 4536 = 28 kgs

Source: interviewee**ROLLOVER DATA**

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown

46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type (specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type

47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown

48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____

(6) Non-contact rollover forces (specify): _____

(8) Rollover--end-over-end
 (9) Unknown

50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify):
- _____

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify):
- _____

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 90
54. Heading Angle For Other Vehicle 180

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):
- _____
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):
- _____
- _____

- (98) Other, (specify): _____
- _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

0 2 020 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ 0 1 5-15 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

61. Lateral Component of Delta V

Highest

+ 0 1 3+13 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

62. Energy Absorption

Highest

0 4 0 . 8 0 040,789 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

9 9 8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

1**OTHER SPEED ESTIMATE**

65. Barrier Equivalent Speed

Highest

20.3 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
66. Estimated Highest Delta V (Researcher Determined) <u>0</u> (0) Reconstruction Delta V coded <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe (9) Unknown	67. Type of Vehicle Inspection <u>3</u> (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): (3) Complete inspection DELTA V EVENT NUMBER 68. Delta V Event Number <u>1</u> _____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown
<p>*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***</p> <p>DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS</p> <p>*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***</p> <p>THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.</p>	



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9622</u>	

VEHICLE IDENTIFICATION

VIN 4A3AJ46G9TE Model Year 96

Vehicle Make (specify): MITSUBISHI Vehicle Model (specify): GALANT 5

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	BEGINS AT LF CORNER → 100cm	ENTIRE FRONT PLANE	C3
2	BEGINS 18 CM FWD of REAR AXLE EXTENDS 124.	BEGINS 30cm behind REAR AXLE	16 CM FORWARD OF C2

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1A	UPPER RADIATOR SUPPORT	100cm	C3	114	47	47	53	50	35	34	-18
-	FREE SPACE TO RADIATOR			-	31	26	26	26	26	31	
1A	ACTUAL CRUSH	100cm	C3	114	16	21	27	24	9	3	-18
1B	LOWER CROSS MEMBER	100cm	C2	114	52	53	40	38	41	43	-18
-	FREE SPACE TO CROSSMEMBER			-	31	25	25	25	25	31	-
1B	ACTUAL CRUSH	100cm	C2	114	21	28	15	13	16	12	-18
2	L.SIDE MID-DOOR	124	21	142	3	16	15	10	4	4	-48
-	FREE SPACE	-	5	-	2	1	1	1	0	0	
2	ACTUAL CRUSH	124	16	142	1	15	14	9	4	4	-48

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 103.7 inches x 2.54 = 263.4 cm
 Overall Length 187.0 inches x 2.54 = 475.0 cm
 Maximum Width 68.1 inches x 2.54 = 173.0 cm
 Curb Weight 2,822 pounds x 0.4536 = 1,280.1 kg
 Average Track 59.35 inches x 2.54 = 150.7 cm
 Front Overhang inches x 2.54 = cm
 Rear Overhang inches x 2.54 = cm
 Undeformed End Width inches x 2.54 = cm
 Engine Size: cyl/disl. 2350 cc x 0.001 = 2.4 L
 I-4, 5-passenger 143.4 CID x 0.0164 = 2.4 L

[REDACTED] Curb Weight
 5-Speed Manual 2,755
 [REDACTED] Shipping Weight
 4-Speed Auto 2,822
 5-Speed Manual 2,755
 67
 Transmission 2,755
 67
 4-Speed Auto 2,822

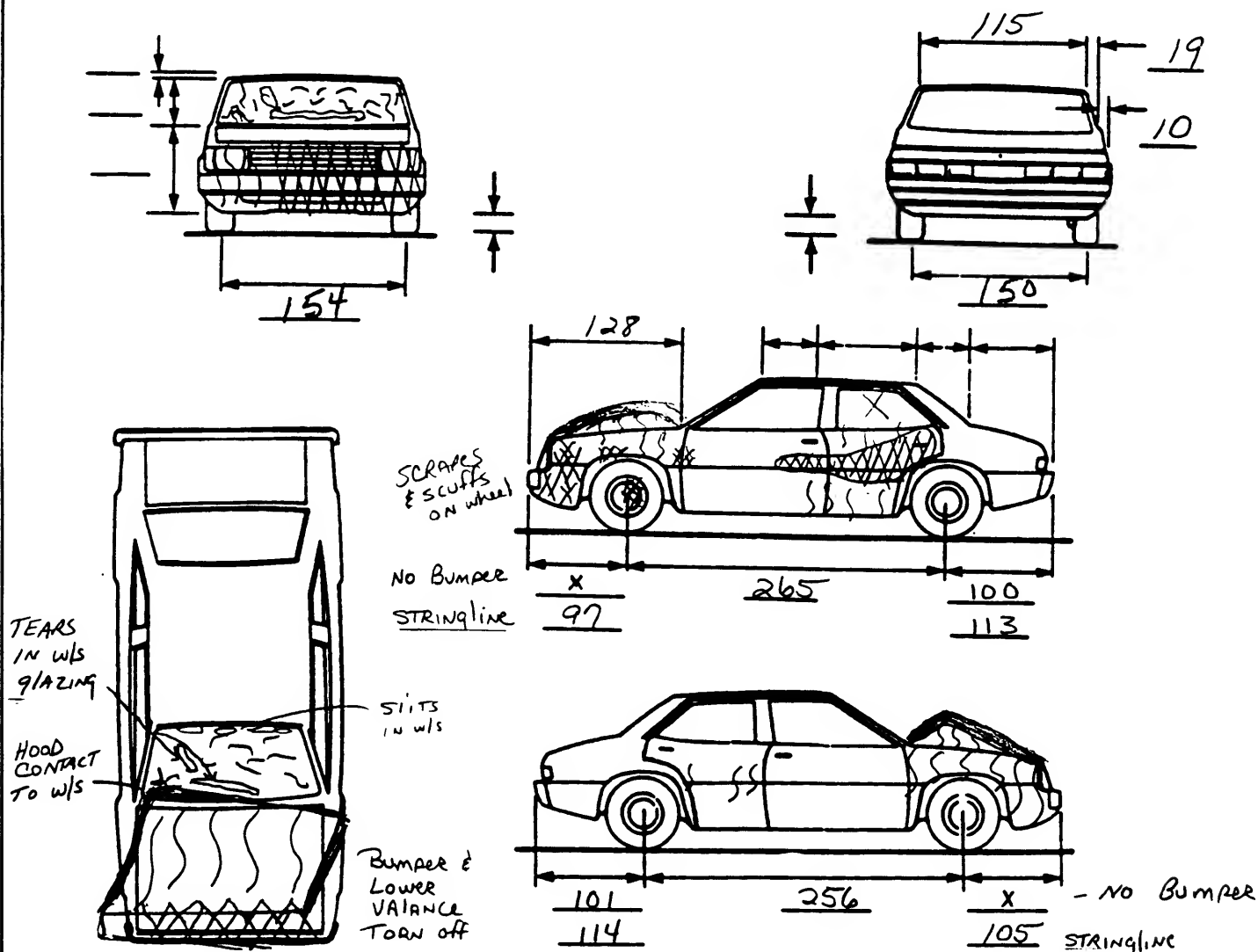
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} <u>S</u>		Color: {specify} <u>Purple</u>	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual		Speed: 3-speed <u>4-speed</u> 5-speed Other:	
Steering: {circle} <u>Power-assisted</u> Manual		Type: rack-and-pinion worm-and-gear Other (please describe):	
Brakes: {circle} <u>Power-assisted</u> Manual		Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic front disc, rear drum Other:	
Observed Defects: {specify}			
Fleet Type: {circle} Private vehicle <u>Rental vehicle</u> Leased vehicle Commercial vehicle Other (please describe):			

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>263</u> cm Overall Length <u>475</u> cm Maximum Width <u>173</u> cm Curb Weight <u>1280</u> kg Average Track <u>151</u> cm Front Overhang <u>100</u> cm Rear Overhang <u>112</u> cm Undeformed End Width <u>150</u> cm Engine Size: cyl./displ. <u>I4 2.4 liter</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm _____ LF \pm _____ RR \pm _____ LR \pm _____ Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight <u>0</u> kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

REFERENCE BOOK-FOREIGN CAR SECTION

Type of Body Pass. Cap.	Model	Wheel Base	Dimensions Inches Lt. x Wt. x Ht.	Ship. Wt. lb.	Tax H.P.	P.O.E. West Coast	P.O.E. East Coast
5-PS 4-dr Sedan LS	DM42-U	107.1"	190.2" x 69.9" x 52.6"	3605	30.93		
Options Diamante: Destination Charges-\$470; Anti-Lock Baking System(AB) Wagon-\$1166 Sedan-std; CD Auto Changer(EA)-\$739; AM/FM Cassette w/CD(EC) Wagon-\$350; Keyless Entry(KE) Wagon-\$242 Sedan-std; Power Passenger Seat(PE)-\$490; Power Sunroof(Pt)-\$954; Leather Seats w/Power Driver Seat(PL) Wagon-\$1999 Sedan-std; Traction/Trace Control(TN)-\$718; Sunroof Wind Deflector(WD)-\$60							
1996 Eclipse FWD 4 cyl 2.0 liter DOHC SFI Gas Engine(420A)(16 valve)							
Bore & Stroke 3.44"x3.27"; Tax H.P. 17.42; SAE H.P. 140@6000; Torque 130@4800; 122 cu.in., 1996cc							
Man. Trans. 5-speed; EPA Mileage Estimate 22/32							
4-PS 3-dr Coupe RS	EC24-M	98.8"	172.2" x 68.3" x 49.8"	2723	17.42	14,970	14,970
4-PS 3-dr Coupe GS	EC24-H	98.8"	172.2" x 68.7" x 49.8"	2822	17.42	17,330	17,330
Auto. Trans. 4-speed; EPA Mileage Estimate 20/30							
4-PS 3-dr Coupe RS	EC24-M	98.8"	172.2" x 68.3" x 49.8"	2800	17.42	15,670	15,670
4-PS 3-dr Coupe GS	EC24-H	98.8"	172.2" x 68.7" x 49.8"	2899	17.42	18,030	18,030
1996 Eclipse 4 cyl 2.0 liter Turbocharged DOHC SFI Gas Engine(4G63)(16 valve)							
Bore & Stroke 3.35"x3.46"; Tax H.P. 17.42; SAE H.P. 210@6000; Torque 214@3000; 122 cu.in., 1997cc							
Man. Trans. 5-speed; EPA Mileage Estimate 23/31 (GSX) 21/28							
4-PS 3-dr Coupe GS-T FWD	EC24-T	98.8"	172.2" x 68.7" x 49.8"	2877	17.42	20,940	20,940
4-PS 3-dr Coupe GSX AWD	EC24-U	98.8"	172.2" x 68.7" x 50.5"	3120	17.42	23,910	23,910
2-PS 2-dr Spyder GS FWD		98.8"	172.2" x 68.3" x 52.8"	2877	17.42	24,990	24,990
Bore & Stroke 3.3x3.5; Tax H.P. 17.42; SAE H.P. 205@6000; Torque 220@3000; 122 cu.in., 1997cc							
Auto. Trans. 4-speed; EPA Mileage Estimate 20/27 (GSX) 19/25 (Spyder) 20/26							
4-PS 3-dr Coupe GS-T FWD	EC24-T	98.8"	172.2" x 68.7" x 49.8"	2954	17.42	21,780	21,780
4-PS 3-dr Coupe GSX AWD	EC24-U	98.8"	172.2" x 68.7" x 50.5"	3191	17.42	24,740	24,740
2-PS 2-dr Spyder GS FWD		98.8"	172.2" x 68.3" x 52.8"	2877	17.42	25,830	25,830
1996 Eclipse 4 cyl 2.4 liter OHC SFI Gas Engine(4G64)(16 valve)							
Bore & Stroke 3.405"x3.937"; Tax H.P. 18.55; SAE H.P. 141@5500; Torque 148@3000; 143.4 cu.in., 2351cc							
Man. Trans. 5-speed; EPA Mileage Estimate 20/28							
2-PS 2-dr Spyder GS FWD		98.8"	172.2" x 68.3" x 52.8"	2877	18.55	19,280	19,280
Auto. Trans. 4-speed; EPA Mileage Estimate 22/29							
2-PS 2-dr Spyder GS FWD		98.8"	172.2" x 68.3" x 52.8"	2899	18.55	19,990	19,990
Options Eclipse: Destination Charges-\$320; Preferred Equipment Pkg(PH) (RS)-\$1470 (GS)-\$1580; 4-Wheels Anti-Lock Brakes(AB) (GS, GS-T & GSX)-\$716; Security Alarm/Keyless Entry System(AT)-\$334; Alloy Wheels(AW) (GS)-\$337 (GS-T & GSX)-Std; Seat leather Front(LS)-\$457; Prem Infinity Audio w/Cassette&CD(R7)-\$427; Sunroof Power(SR)-\$731; Air Conditioning(AC)-\$891; CD Autochanger(EA)-\$899; CD Player(ED)-\$599; Keyless Entry System(KE)-\$136; Mudguards(MG)-\$93							
1996 Galant 4 cyl 2.4 liter SOHC EMPFI Gas Engine(4G64)(16 valve)							
Bore & Stroke 3.41"x3.94"; Tax H.P. 18.61; SAE H.P. 141@5500; Torque 148@3000; 143.4 cu.in., 2350cc							
Man. Trans. 5-speed; EPA Mileage Estimate 23/30							
5-PS 4-dr Sedan S	GA41-N	103.7"	187.0" x 68.1" x 53.1"	2755	18.61	14,920	14,920
5-PS 4-dr Sedan S w/PEP	GA41-N	103.7"	187.0" x 68.1" x 53.1"	2755	18.61	17,225	17,225
Auto. Trans. 4-speed; EPA Mileage Estimate 22/28							
5-PS 4-dr Sedan S	GA41-N	103.7"	187.0" x 68.1" x 53.1"	2822	18.61	15,810	15,810
5-PS 4-dr Sedan S w/PEP	GA41-N	103.7"	187.0" x 68.1" x 53.1"	2822	18.61	18,115	18,115
5-PS 4-dr Sedan ES	GA41-P	103.7"	187.0" x 68.1" x 53.1"	2866	18.61	19,790	19,790
5-PS 4-dr Sedan ES w/PEP	GA41-P	103.7"	187.0" x 68.1" x 53.1"	2866	18.61	21,454	21,454
5-PS 4-dr Sedan LS	GA41-U	103.7"	187.0" x 68.1" x 53.1"	2976	18.61	22,860	22,860
Options Galant: Destination Charges-\$470; Preferred Equipment Pkg (PF)(S)-\$2305 (PR)(ES)-\$1664; Luxury Group(LG) (LS)-\$612; 4-Wheels Anti-Lock Brakes(AB)-\$982; Air Conditioning(AC) (S)-\$902 (ES&TS)-Std; ETR AM/FM w/cassette(EC)-\$457; CD Changer(EA)-\$660; CD Player(ED)-\$599; Mudguards(MG)-\$99; Keyless Entry System(KE)-\$223							
1996 Mirage FWD 4 cyl 1.5 liter SOHC EMPFI Gas Engine(4G15)(12 valve)							
Bore & Stroke 2.97"x3.23"; Tax H.P. 14.11; SAE H.P. 92@6000; Torque 93@3000; 89.5 cu.in., 1468cc							
Man. Trans. 5-speed; EPA Mileage Estimate 32/39							
5-PS 2-dr Coupe S	MG21-E	96.1"	171.1" x 66.1" x 51.6"	2085	14.11	10,440	10,440
Auto. Trans. 3-speed; EPA Mileage Estimate 28/32							
5-PS 2-dr Coupe S	MG21-E	96.1"	171.1" x 66.1" x 51.6"	2115	14.11	10,980	10,980
5-PS 4-dr Sedan S		96.1"	171.1" x 66.1" x 51.6"		14.11		
1996 Mirage FWD 4 cyl 1.8 liter SOHC EMPFI Gas Engine(4G93)(16 valve)							
Bore & Stroke 3.19"x3.5"; Tax H.P. 16.28; SAE H.P. 113@6000; Torque 116@4500; 111.8 cu.in., 1834cc							
Man. Trans. 5-speed; EPA Mileage Estimate 26/33							
5-PS 2-dr Coupe LS	MG21-M	96.1"	171.1" x 66.5" x 51.6"	2250	16.28	13,290	13,290
Auto. Trans. 4-speed; EPA Mileage Estimate 26/33							
5-PS 2-dr Coupe LS	MG21-M	96.1"	171.1" x 66.5" x 51.6"	2280	16.28	13,950	13,950

CODES FOR OBJECT CONTACTED

02

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>71</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>02</u>	14. <u>09</u>	15. <u>L</u>	16. <u>P</u>	17. <u>E</u>	18. <u>W</u>	19. <u>02</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

* USED LOWER CROSS MEMBER MEASUREMENTS

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>150</u>	<u>21</u>	<u>008</u>	<u>015</u>	<u>013</u>	<u>06</u>	<u>012</u>	<u>±018</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
<u>142</u>	<u>001</u>	<u>015</u>	<u>014</u>	<u>009</u>	<u>004</u>	<u>004</u>	<u>±048</u>

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

150

27. Direct Damage Width

(For highest severity impact)

Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

100

28. Original Wheelbase

Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

103.7 inches X 2.54 = 263.4 centimeters

263

29. Original Average Track Width

Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

59.35 inches X 2.54 = 150.7 centimeters

151

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File? 0

- (0) No
(1) Yes

31. Researcher's Assessment of Vehicle
Disposition 1

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? 0

(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence 0

(0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

34. Origin of Fire 0

(0) No fire

- (1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)

- (4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap 3

36. Location of Fuel Tank-2 Filler Cap 0

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1 1

38. Type of Fuel Tank-2 0

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1 4

40. Location of Fuel Tank-2 0

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1 0

42. Damage to Fuel Tank-2 0

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9622

3. Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

12

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 3 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 2 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 3 32. LF 1 33. RF 1 34. LR 6 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

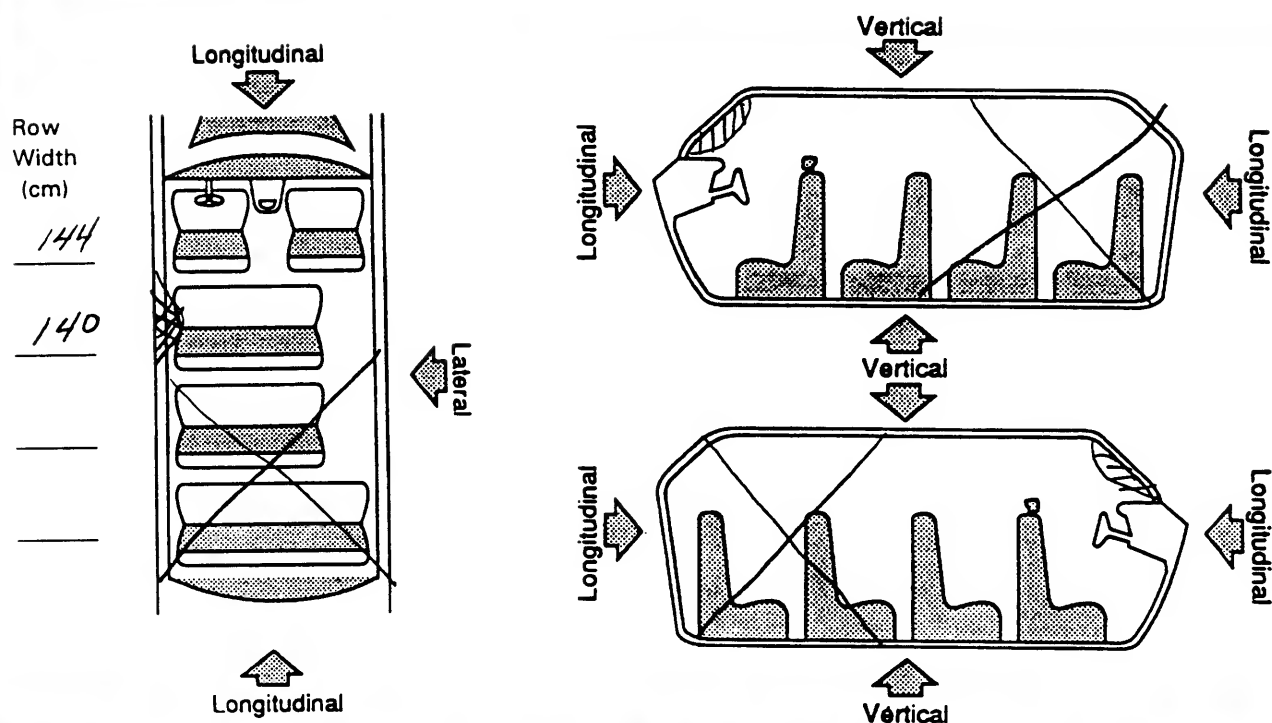
(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET**NOTE: SKETCH INTRUDED AREAS**

LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION	
		COMPARISON VALUE	—	INTRUDED VALUE	=		INTRUSION
21	L. DOOR PANEL	70	—	58	=	12	LAT
11	WINDSHIELD	0	—	7	=	7	LONG
12	"	0	—	17	=	17	"
13	"	0	—	17	=	17	"
→ POST-IMPACT SAGGING of w/s			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>21</u>	48. <u>11</u>	49. <u>2</u>	50. <u>3</u>
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat

- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

NONE

=

—

=

—

=

—

=

STEERING COLUMN

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

88. Tilt Steering Column Adjustment 1

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation 00

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 00

- (00) No steering rim deformation

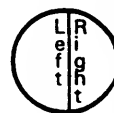
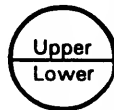
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

92. Odometer Reading 019,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
11,816 miles X 1.6093 = 19,016 kilometers

Source: Vehicle INS.

93. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 2

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

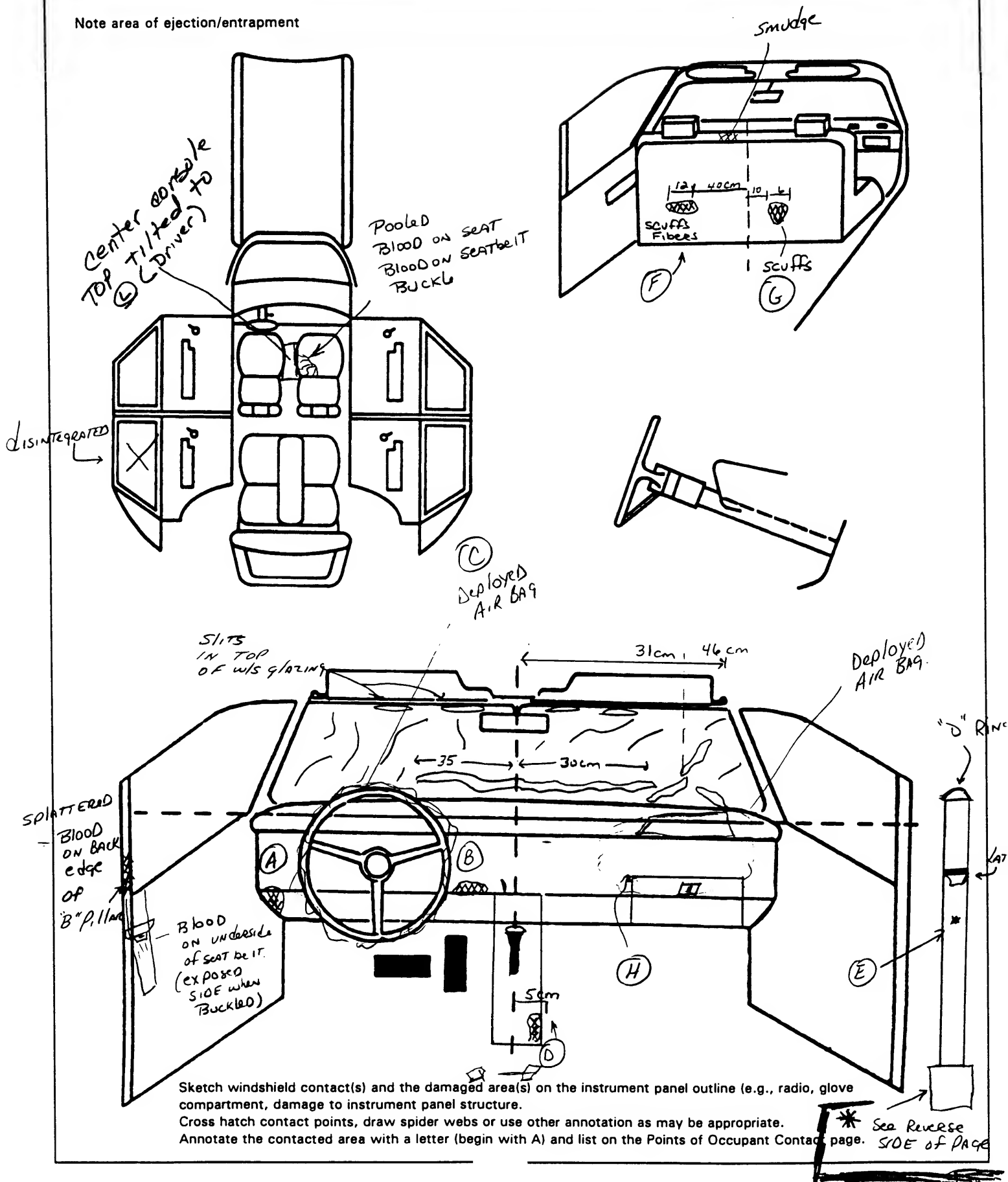
97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

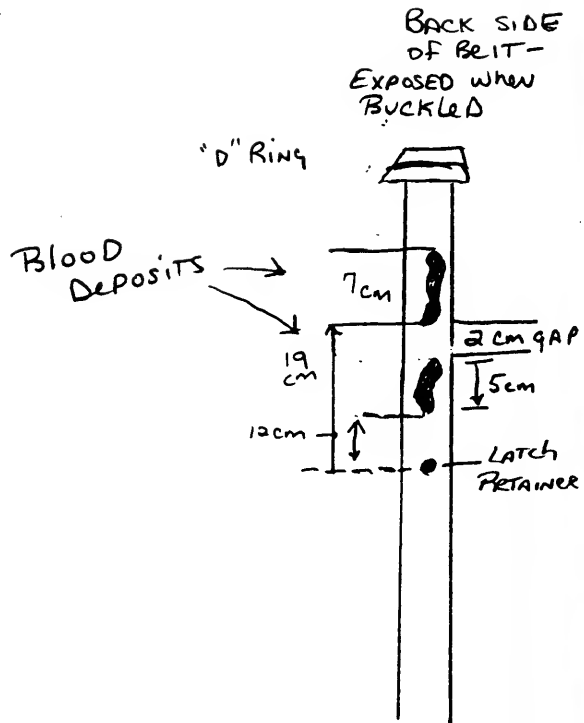
(9) Unknown

VEHICLE INTERIOR SKETCHES

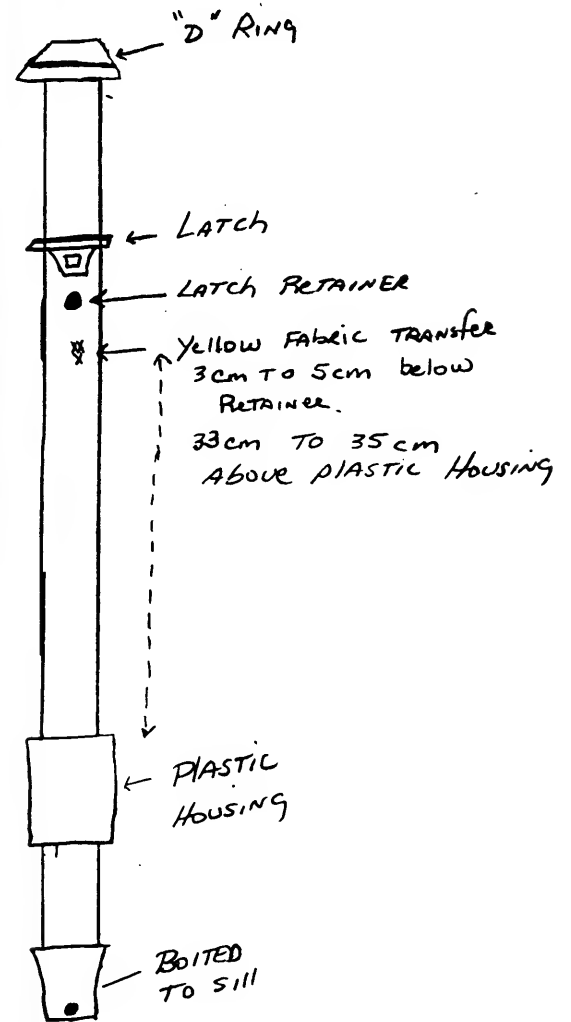
Note area of ejection/entrapment



RIGHT FRONT PASSENGER
BELT RESTRAINT



AS EXPOSED
FROM "B" PILLAR



FLOOR PAN

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	10	1	L. Knee	scuff	1
B	11	1	R. Knee	scuffed / cracked	1
C	170	1	FACE	Blood scuffed	1
D	252	2		scuffed green transfer	1
E	152	2	Lower Abdomen	scuffed yellow fiber transfer	1
F	151	3	L. Leg	scuffed	1
G	151	4	Legs	scuffed	1
H	180	2	FACE	Blood / scuffed	1
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a child safety seat is present, encode the data on the back of this page 11. If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	X	4
	B-Evidence of usage	04		04
	C-Used in this crash?	04		04
	D-Proper Use	1		1
	E-Failure Modes	1		1
	F-Anchorage Adjustment	2		2
SECOND	A-Availability	4	3	4
	B-Evidence of usage	04	03	04
	C-Used in this crash?	04	00	04
	D-Proper Use	1	0	1
	E-Failure Modes	1	0	1
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability	X	X	X
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	0
	Deployment	/	/	0
	Failure	/	/	0

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

**Air Bag System Deployment
(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	07
E-Source of air bag damage	01	88
F-Air bag tethered?	2 (2)	2
G-Air bag have vent ports?	2 (2)	2 (2)
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	9	9

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
FLAP ABRATED REAR of H/B
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
DRIVER (2) PASS (1)
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
DRIVER (2) PASS. (2)
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

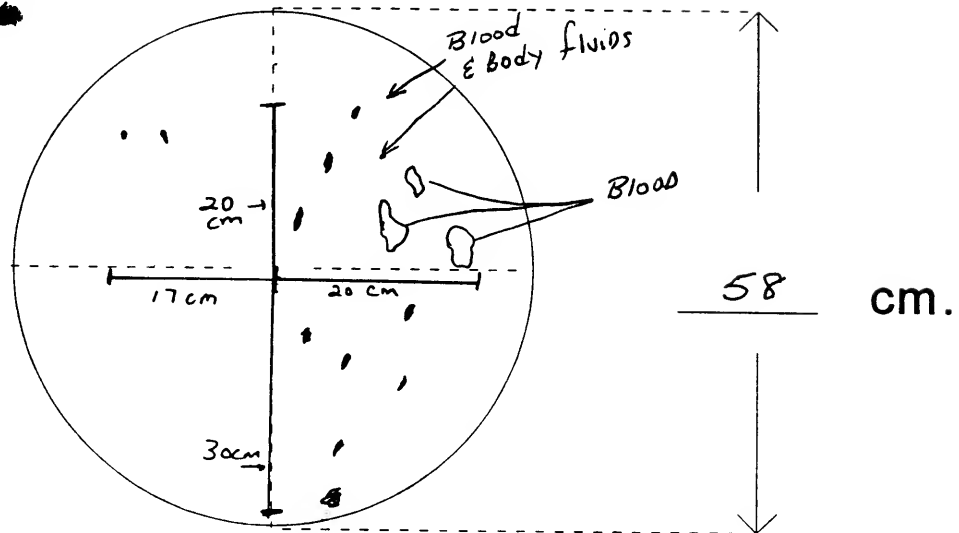
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)

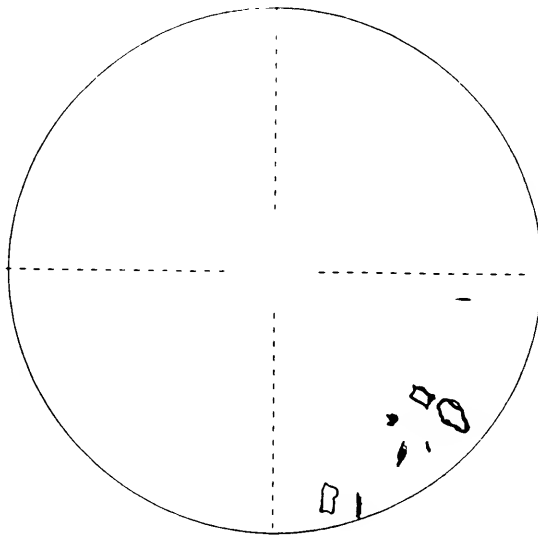
AIR BAG #

[REDACTED]

[REDACTED]



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

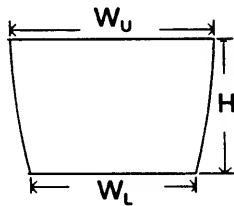


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____



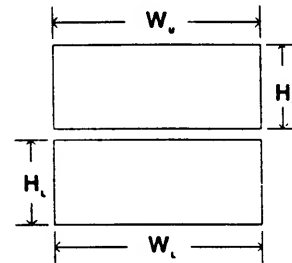
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) 17 width (W_L) 17

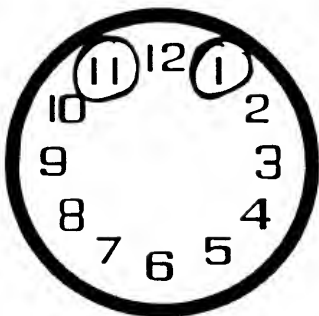
height (H_U) 6 height (H_L) 6



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

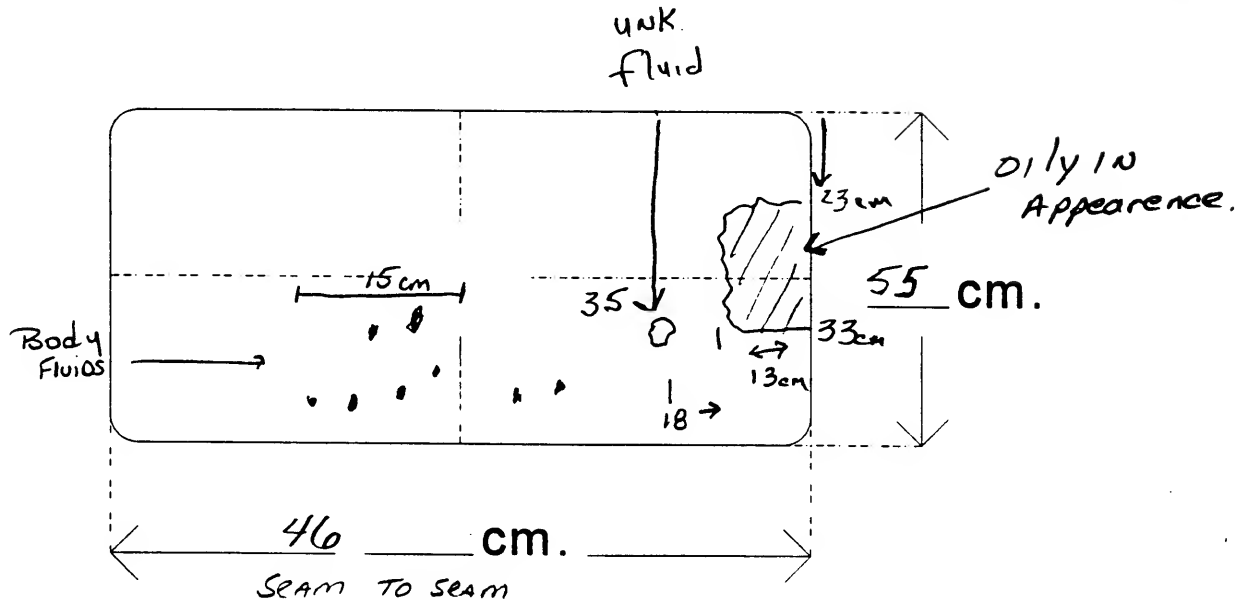
7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



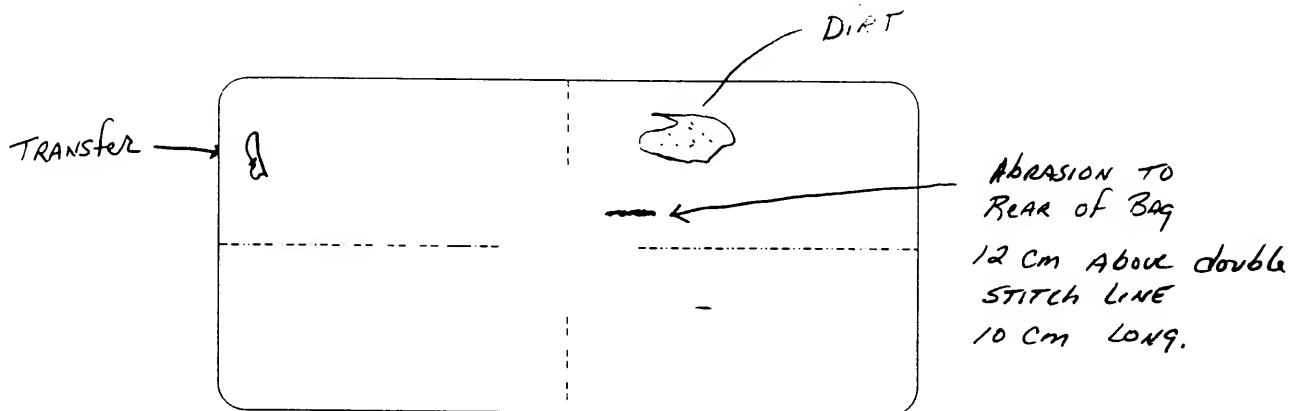
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)

NO ID NUMBERS ON AIR BAG OR module.



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



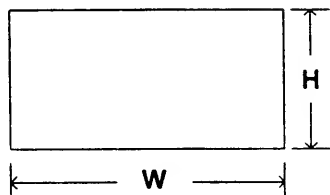
1 tether 38cm wide
Dist from flap to DASH 1cm

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 35

height (H) 20



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

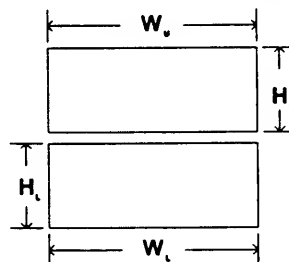
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

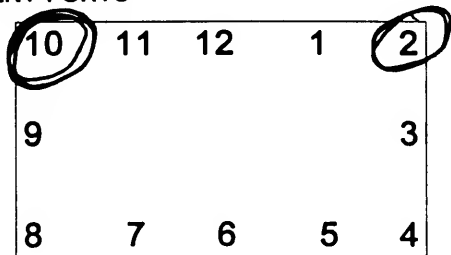
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage	3		3
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	2		3
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
S E C O N D	A-Head Restraint Type/Damage	1	0	1
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
T H I R D	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

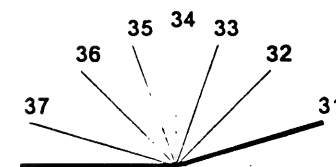
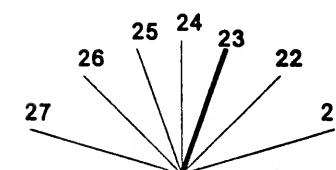
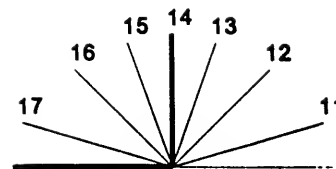
Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

**DESCRIBE ANY INDICATION OF
ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT
CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

N/A

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

*POSSIBILITY OF PARTIAL EJECTION THROUGH L. REAR WINDOW
DISINTEGRATED (ADOF # IMPACT)*

PER DRIVER NO EJECTION

Occupant Number	3					
Ejection	2					
(Note on Vehicle Interior Sketch) Ejection Area	4					
Ejection Medium	4					
Medium Status	2					

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure**(8) Other medium (specify):****(9) Unknown****Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

96 10
22
02

VEHICLE IDENTIFICATION

4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

88

5. Vehicle Make (specify):

HONDA

37

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

ACCORD LXI

032

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

04

8. Vehicle Identification Number

JHMC A564XJC

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)

No VIN—Code all zeros

Unknown—Code all nines

9. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

0

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

1

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

064

40 mph X 1.6093 = 64 kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit in kmph

(999) Unknown

072

45 mph X 1.6093 = _____ kmph

13. Police Reported Alcohol Presence For Driver

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

0

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

96

Source:

PAIR

15. Police Reported Other Drug Presence For Driver

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

0

16. Other Drug Specimen Test Result For Driver

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained

(8) No driver present

(9) Unknown if specimen test given

0

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown

9

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRAASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 1
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) _____
 Unknown type of junction

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)

(7) Unknown sign

(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____

(2) Traffic control device functioning properly

(9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 9 9
- (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
- Distractions*
 (03) By other occupant(s). (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1
- (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown
32. Critical Precrash Event 6 6
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver 99

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): _____

(99) Unknown

34. Pre-Impact Stability 9

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 87

(Note: Applicable codes on back of this page)

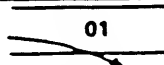
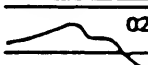
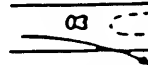
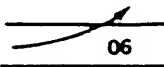
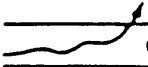
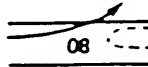
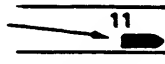

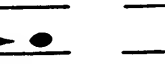
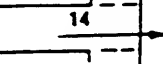
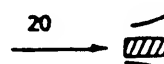
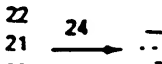
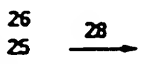
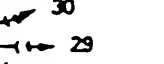

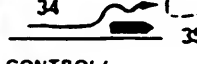

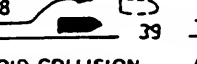
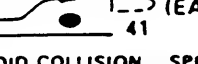


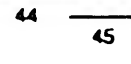
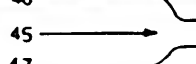
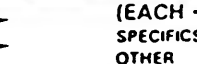

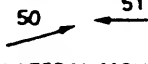


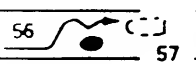
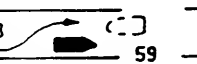
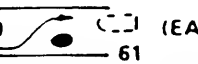



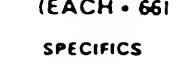

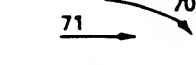
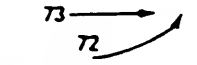

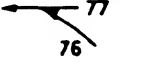
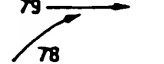
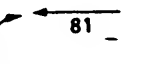
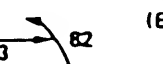
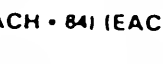
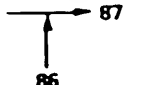
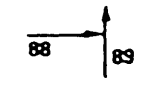
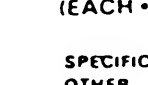

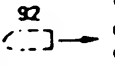

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify): _____

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 24 DECEL. 28, 29, 30, 31	 26 (EACH • 32) SPECIFICS OTHER	 28 (EACH • 33) SPECIFICS UNKNOWN	
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 42 (EACH • 42) SPECIFICS OTHER	 43 (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 45 LATERAL MOVE	 46 LATERAL MOVE	 47 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head On	 50 LATERAL MOVE	 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	 62 (EACH • 62) SPECIFICS OTHER	 63 (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 69 INITIAL SAME DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 71 INITIAL SAME DIRECTIONS	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN	
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 77 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 79 TURN INTO OPPOSITE DIRECTIONS	 80 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 STRAIGHT PATHS	 87 STRAIGHT PATHS	 88 STRAIGHT PATHS	 89 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

Page 5

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 00

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1210
2668 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
2668 lbs X 4536 = 12102 kgs

Source: _____

44. Vehicle Cargo Weight 9990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown

_____ lbs X 4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown

46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type

47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder - paved
 (3) On shoulder - unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown

48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____

(6) Non-contact rollover forces (specify): _____

(8) Rollover--end-over-end
 (9) Unknown

50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end over end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify):

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 180
54. Heading Angle For Other Vehicle 90

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

0 2 424 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ 0 1 5-15 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V

Highest

+ 0 1 8-18 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption

Highest

0 2 6 5 0 026,512 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

9 9 8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

1

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

0 2 322.8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V

66. Estimated Highest Delta V (Researcher Determined)

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
(2) ≥ 10 kmph but < 25 kmph
(3) ≥ 25 kmph but < 40 kmph
(4) ≥ 40 kmph but < 55 kmph
(5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
(7) Moderate
(8) Severe
(9) Unknown

INSPECTION TYPE

67. Type of Vehicle Inspection

- (0) No inspection
(1) Vehicle fully repaired-no damage evident
(2) Partial inspection (specify):
(3) Complete inspection

DELTA V EVENT NUMBER

68. Delta V Event Number

- Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle
(99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>9622</u>	

VEHICLE IDENTIFICATION

VIN JHMC A564XJC Model Year 88

Vehicle Make (specify): HONDA Vehicle Model (specify): ACCORD LXI

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	BEGINS 103 FORWARD OF REAR AXLE	BEGINS 103 FORWARD OF REAR AXLE	21 cm FWD OF C3 22 cm REAR OF FR. AXLE
2	R.R. BUMPER CORNER TO 2 cm BEHIND REAR AXLE	BUMP. CORNER TO 6 cm FORWARD OF REAR AXLE	C5
3	BEGINS 4 cm TO RIGHT OF CENTER POINT	ENTIRE FRONT	C5

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	TO DOOR NOT C1 WINDOW FRAME	C2	C3	C4	C5	C6	±D
		Width (CDC)	Max Crush								
1	R. SIDE BUMPER RT.	192	33	192	5	3	24	22	20	12	+88
	FREE SPACE		3		02	02	01	01	06	010	
1	ACTUAL CRUSH	192	30	192	3	1	23	21	14	2	+??
-2	R. SIDE REAR ABOVE TRIM	100	C5	105	+1	8	9	9	9	4	-158
	FREE SPACE				04	02	05	03	02	03	
2	ACTUAL CRUSH	100	C5		7	6	4	6	7	1	-158
3	FRONT BUMPER BAR	25	C5	122	21	21	32	46	55	50	+17
	ADJ. TO BUMPER FACE				011	012	013	013	012	011	
	FREE SPACE				09	03	01	01	03	09	
3	ACTUAL CRUSH	25	C5	122	1	6	18	32	40	30	+17

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>102.4</u>	inches	x 2.54	=	<u>260.1</u>	cm
Overall Length	<u>179.1</u>	inches	x 2.54	=	<u>454.9</u>	cm
Maximum Width	<u>67.4</u>	inches	x 2.54	=	<u>171.2</u>	cm
Curb Weight	<u>2,668</u>	pounds	x 0.4536	=	<u>1,210.2</u>	kg
Average Track	^{58.3} _{58.1} <u>58.2</u>	inches	x 2.54	=	<u>147.8</u>	cm
Front Overhang	_____	inches	x 2.54	=	_____	cm
Rear Overhang	_____	inches	x 2.54	=	_____	cm
Undeformed End Width	_____	inches	x 2.54	=	_____	cm
Engine Size: cyl/disl.	<u>1955</u>	cc	x 0.001	=	<u>2.0</u>	L
I4 5-passengers	<u>119.3</u>	CID	x 0.0164	=	<u>2.0</u>	L

_____ Curb Weight 2,668 Reasonable!

_____ Shipping Weight
$$\begin{array}{r} 2,595 \\ 100 \\ \hline 2,695 \end{array}$$

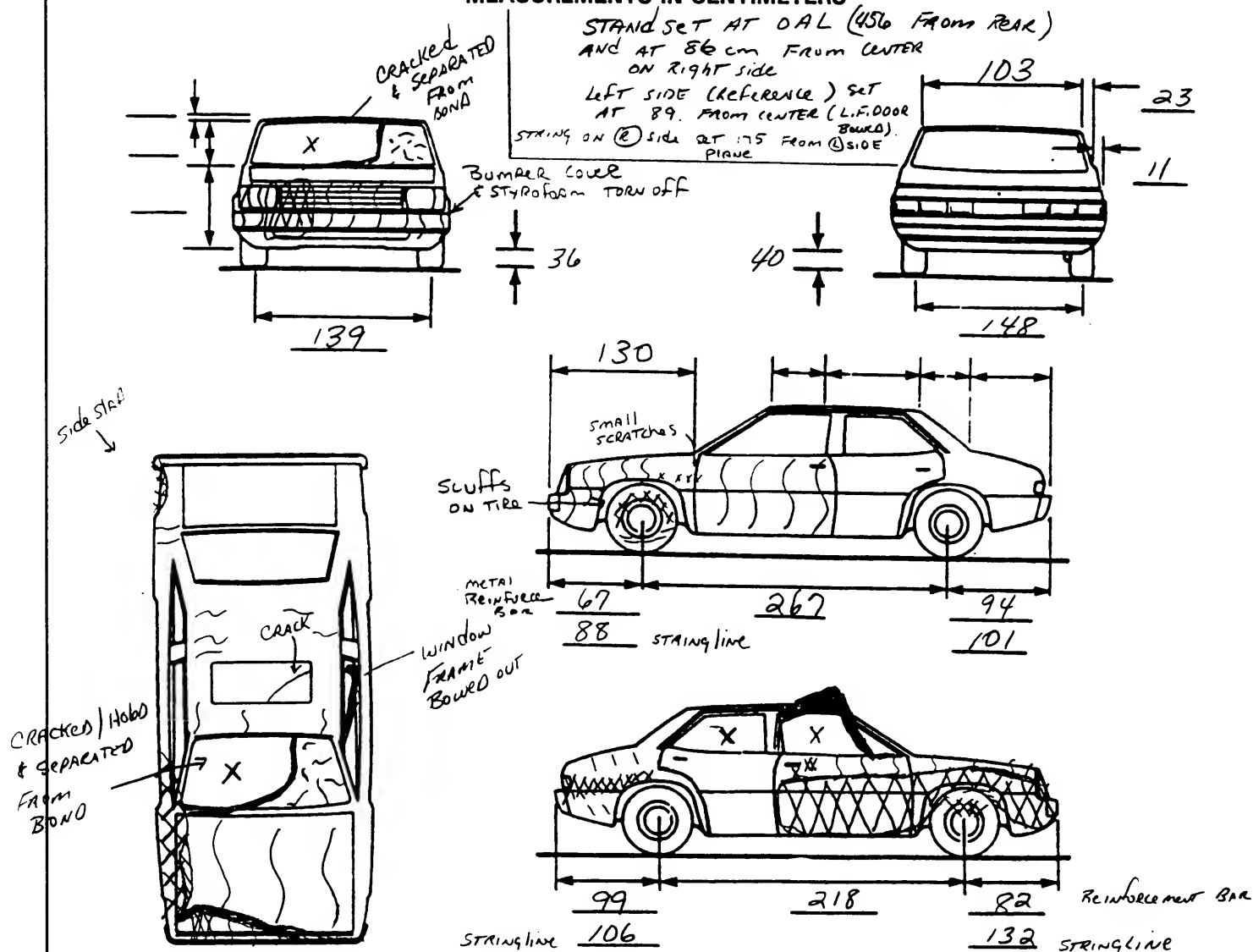
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}		Color: {specify} <u>BLACK</u>	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual		Speed: 3-speed <u>4-speed</u> 5-speed Other:	
Steering: {circle} Power-assisted Manual		Type: rack-and-pinion worm-and-gear Other	
{please describe}:			
Brakes: {circle} Power-assisted Manual		Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic front disc, rear drum Other:	
Observed Defects: {specify}			
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other			
{please describe}:			

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	<u>260</u> cm	RF	\pm <u>020</u> °
RF <u>1</u>	RF <u>1</u>	Overall Length	<u>456</u> cm	LF	\pm <u>25</u> °
LF <u>2</u>	LF <u>1</u>	Maximum Width	<u>171</u> cm	RR	\pm <u>25</u> °
RR <u>2</u>	RR <u>2</u>	Curb Weight	<u>1170</u> kg	LR	\pm <u>25</u> °
LR <u>2</u>	LR <u>1</u>	Average Track	<u>148</u> cm	Within \pm 5 degrees	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	_____ cm	DRIVE WHEELS	
TYPE OF TRANSMISSION		Rear Overhang	_____ cm	<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Undeformed End Width	<u>154</u> cm	Approximate Cargo Weight <u>0</u> kg	
END SHIFT \geq 10 CM		Engine Size: cyl./displ.	_____ L		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

REFERENCE BOOK

HONDA:

Pass. Cap. Body Style	Model	Wheel Base	Total Lgth.	Ship. Wt.	Tax. H.P.	P.O.E. West Coast	Est. Fr. East Coast
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1988

HONDA CIVIC 4-DR. SEDAN, DX, LX 4-Cyl. Gas Eng., 1493cc, 1.5 L.

5-Ps. 4-dr. Sedan DX, 5-Spd. Man.	D354J	98.4"	166.6"	1,973	13.92	\$8,995	\$8,995
5-Ps. 4-dr. Sedan DX, 4-Spd. Auto.	D364J	98.4"	166.6"	2,050	13.92	9,380	9,380
5-Ps. 4-dr. Sedan LX, 5-Spd. Man.	D355J	98.4"	166.6"	2,072	13.92	9,935	9,935
5-Ps. 4-dr. Sedan LX, 4-Spd. Auto.	D365J	98.4"	166.6"	2,101	13.92	10,480	10,480

HONDA ACCORD 2-DR. DX, LXI, 4-Cyl. Gas Eng., 1955cc, 2.0 L. Effective Date 1/1/88

5-Ps. 2-dr. Coupe DX, 5-Spd. Man.	CA616J	102.4"	179.1"	2,447	16.96	\$11,335	\$11,335
5-Ps. 2-dr. Cpe., DX, 4-Spd. Auto.	CA626J	102.4"	179.1"	2,493	16.96	11,920	11,920
5-Ps. 2-dr. Cpe., LXI, 5-Spd. Man.	CA618J	102.4"	179.1"	2,601	16.96	14,295	14,295
5-Ps. 2-dr. Cpe., LXI, 4-Spd. Auto.	CA628J	102.4"	179.1"	2,647	16.96	14,880	14,880

HONDA ACCORD 3-DR. DX, LXI, 4-Cyl. Gas Eng., 1955cc, 2.0 L.

5-Ps. 3-dr. Sedan DX, 5-Spd. Man.	A536JA	102.4"	174.8"	2,416	16.63	\$10,925	\$10,925
5-Ps. 3-dr. Sedan DX, 4-Spd. Auto.	A546JA	102.4"	174.8"	2,456	16.63	11,510	11,510
5-Ps. 3-dr. Sedan LXI, 5-Spd. Man.	A538JA	102.4"	174.8"	2,553	16.63	14,130	14,130
5-Ps. 3-dr. Sedan LXI, 4-Spd. Auto.	A548JA	102.4"	174.8"	2,593	16.63	14,715	14,715

HONDA ACCORD 4-DR. DX, LX, LXI, 4-Cyl. Gas Eng., 1955cc, 2.0 L.

5-Ps. 4-dr. Sedan DX, 5-Spd. Man.	A552JA	102.4"	179.7"	2,392	16.63	\$11,455	\$11,455
5-Ps. 4-dr. Sedan DX, 4-Spd. Auto.	A562JA	102.4"	179.7"	2,460	16.63	12,040	12,040
5-Ps. 4-dr. Sedan LX, 5-Spd. Man.	A553JA	102.4"	179.7"	2,504	16.63	13,795	13,795
5-Ps. 4-dr. Sedan LX, 4-Spd. Auto.	A563JA	102.4"	179.7"	2,537	16.63	14,380	14,380
5-Ps. 4-dr. Sedan LXI, 5-Spd. Man.	A554JA	102.4"	179.7"	2,553	16.63	15,495	15,495
5-Ps. 4-dr. Sedan LXI, 4-Spd. Auto.	A564JA	102.4"	179.7"	2,595	16.63	16,080	16,080

NOTE: Prices do not include destination charges, or added equipment charges

(Models Manufactured in Canada)

HONDA ACCORD 4-DR. SEDAN DX, LX, LXI, Gas Eng., 4-Cyl., 1955cc, 2.0 L.

5-Ps. 4-dr. Sedan DX, 5-Spd. Man.	CA552J	102.4"	179.7"	2,392	16.63	\$11,455	\$11,455
5-Ps. 4-dr. Sedan DX, 4-Spd. Auto.	CA562J	102.4"	179.7"	2,460	16.63	12,040	12,040
5-Ps. 4-dr. Sedan LX, 5-Spd. Man.	CA553J	102.4"	179.7"	2,504	16.63	13,795	13,795
5-Ps. 4-dr. Sedan LX, 4-Spd. Auto.	CA563J	102.4"	179.7"	2,537	16.63	14,380	14,380
5-Ps. 4-dr. Sedan LXI, 5-Spd. Man.	CA554J	102.4"	179.7"	2,553	16.63	15,495	15,495
5-Ps. 4-dr. Sedan LXI, 4-Spd. Auto.	CA564J	102.4"	179.7"	2,595	16.63	16,080	16,080

JAPAN MODELS

(Prices do not include destination, handling, additional or required equipment)

(SEE NOTE on Handling Charges)

HONDA CIVIC CRX COUPE (DX, HF, Si) Gas 4-Cyl. 1493cc, 1.8 L. (162)*

2-Ps. 2-dr. Coupe DX, 5-Spd. Man.	ED835J	90.6"	147.8"	1,856	13.92	\$8,895	\$8,895
2-Ps. 2-dr. Coupe DX, 4-Spd. Auto.	ED845J	90.6"	147.8"	1,880	13.92	9,440	9,440
2-Ps. 2-dr. HF Coupe, 5-Spd. Man.	ED836J	90.6"	147.8"	1,761	13.92	8,545	8,545
2-Ps. 2-dr. Coupe Si, 5-Spd. Man.	ED936J*	90.6"	147.8"	1,951	13.92	10,495	10,485

HONDA CIVIC 3D HATCHBACK (Std., DX) Gas, 4-Cyl., 1493cc, 1.5 L. (1.3 L.)*

5-Ps. 3-dr. H.B., 4-Spd. Man.	ED634J*	98.4"	156.1"	1,867	13.92	\$6,195	\$6,195
5-Ps. 3-dr. DX H.B., 5-Spd. Man.	ED635J	98.4"	156.1"	1,927	13.92	8,195	8,195
5-Ps. 3-dr. DX H.B., 4-Spd. Auto.	ED645J	98.4"	156.1"	1,973	13.92	8,740	8,740

HONDA CIVIC 4D SEDAN (DX, LX) Gas, 4-Cyl., 1473cc, 1.5 L.

5-Ps. 4-dr. DX Sedan, 5-Spd. Man.	ED354J	98.4"	166.6"	1,973	13.92	\$8,995	\$8,995
5-Ps. 4-dr. DX Sedan, 4-Spd. Auto.	ED364J	98.4"	166.6"	2,050	13.92	9,880	9,880
5-Ps. 4-dr. LX Sedan, 5-Spd. Man.	ED355J	98.4"	166.6"	2,072	13.92	9,935	9,935
5-Ps. 4-dr. LX Sedan, 4-Spd. Auto.	ED365J	98.4"	166.6"	2,101	13.92	10,480	10,480

HONDA CIVIC WAGON (DX, 4WD, Wagon), Gas, 4-Cyl., 1493cc, 1.5 L. (1.6 L.)*

5-Ps. 3-dr. DX Wagon, 5-Spd. Man.	EE275J	98.4"	161.7"	2,079	13.92	\$9,948	\$9,948
5-Ps. 3-dr. DX Wagon, 4-Spd. Auto.	EE285J	98.4"	161.7"	2,174	13.92	10,948	10,948
5-Ps. 3-dr. 4WD Wagon, 6-Spd. Man.	EE476J*	98.4"	161.7"	2,355	13.92	11,998	11,998
5-Ps. 3-dr. Wagon, 5-Spd. Man.	EY374J	98.4"	161.7"	2,079	13.92	9,698	9,698
5-Ps. 3-dr. Wagon, 4-Spd. Auto.	EY384J	98.4"	161.7"	2,174	13.92	10,695	10,695

HONDA ACCORD 3-DR. HATCHBACK (DX, LXI), 4-Cyl., 1955cc, Gas Eng., 2.0 L.

5-Ps. 3-dr. H.B., DX, 5-Spd. Man.	CA536J	102.4"	174.8"	2,416	16.63	\$10,925	\$10,925
5-Ps. 3-dr. H.B., DX, 4-Spd. Auto.	CA546J	102.4"	174.8"	2,456	16.63	11,510	11,510
5-Ps. 3-dr. H.B., LXI, 5-Spd. Man.	CA538J	102.4"	174.8"	2,553	16.63	14,130	14,130
5-Ps. 3-dr. H.B., LXI, 4-Spd. Auto.	CA548J	102.4"	174.8"	2,593	16.63	14,715	14,715

HONDA ACCORD 4-DR. SEDAN (DX, LX, LXI), 4-Cyl., Gas Eng., 1955cc, 2.0 L.

5-Ps. 4-dr. Sedan DX, 5-Spd. Man.	CA552J	102.4"	179.7"	2,392	16.63	\$11,455	\$11,455
5-Ps. 4-dr. Sedan DX, 4-Spd. Auto.	CA562J	102.4"	179.7"	2,460	16.63	12,040	12,040
5-Ps. 4-dr. Sedan LX, 5-Spd. Man.	CA553J	102.4"	179.7"	2,504	16.63	13,795	13,795
5-Ps. 4-dr. Sedan LX, 4-Spd. Auto.	CA563J	102.4"	179.7"	2,537	16.63	14,380	14,380
5-Ps. 4-dr. Sedan LXI, 5-Spd. Man.	CA554J	102.4"	179.7"	2,553	16.63	15,495	15,495
5-Ps. 4-dr. Sedan LXI, 4-Spd. Auto.	CA564J	102.4"	179.7"	2,595	16.63	16,080	16,080

(Prices Effective 1/1/88)

HONDA PRELUDE, Japan Models: 4-Cyl. Gas Eng., 1955cc, 2.0 L.

4-Ps. 2-dr. Cpe., 5-Spd. Man.	BA412J	101.0"	175.6"	2,427	16.67	\$13,640	\$13,640
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CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

- (71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

- (77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

- (98) Other event (specify):

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
1. <u>01</u>	5. <u>01</u>	6. <u>02</u>	7. <u>R</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. <u>04</u>	13. <u>52</u>	14. <u>00</u>	15. <u>F</u>	16. <u>C</u>	17. <u>E</u>	18. <u>N</u>	19. <u>02</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>192</u>	<u>003</u>	<u>001</u>	<u>023</u>	<u>021</u>	<u>014</u>	<u>002</u>	<u>⊕ 088</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
<u>122</u>	<u>001</u>	<u>006</u>	<u>018</u>	<u>032</u>	<u>040</u>	<u>030</u>	<u>⊕ 017</u>

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 154
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
(For highest severity impact) 192
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase 260
 _____ Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
102.4 inches X 2.54 = 260.1 centimeters

29. Original Average Track Width 148
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
58.2 inches X 2.54 = 147.8 centimeters

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File? 1
(0) No
(1) Yes
31. Researcher's Assessment of Vehicle
Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? 0
(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)
(9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence 0
(0) No fire

Yes, fire occurred
(1) Minor
(2) Major
(9) Unknown
34. Origin of Fire 0
(0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____
(9) Unknown

35. Location of Fuel Tank-1 Filler Cap 2
36. Location of Fuel Tank-2 Filler Cap 0
(0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown
37. Type of Fuel Tank-1 1
38. Type of Fuel Tank-2 0
(0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown
39. Location of Fuel Tank-1 4
40. Location of Fuel Tank-2 0
(0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown
41. Damage to Fuel Tank-1 1
42. Damage to Fuel Tank-2 0
(0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9622

3. Vehicle Number

02

INTEGRITY

4. Passenger Compartment Integrity

12

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 3 7. LR 3 8. RR 3 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 * 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 4 17. RF 4 18. LR 4 19. RR 4

20. BL 2 21. Roof 3 22. Other 4

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 1 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 3 32. LF 1 33. RF 6 34. LR 1 35. RR 6

36. BL 1 37. Roof 2 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 1 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>10</u>	49. <u>4</u>	50. <u>3</u>
2nd	51. <u>13</u>	52. <u>06</u>	53. <u>4</u>	54. <u>3</u>
3rd	55. <u>13</u>	56. <u>04</u>	57. <u>4</u>	58. <u>2</u>
4th	59. <u>13</u>	60. <u>05</u>	61. <u>3</u>	62. <u>2</u>
5th	63. <u>13</u>	64. <u>11</u>	65. <u>3</u>	66. <u>3</u>
6th	67. <u>12</u>	68. <u>03</u>	69. <u>3</u>	70. <u>2</u>
7th	71. <u>13</u>	72. <u>18</u>	73. <u>3</u>	74. <u>3</u>
8th	75. <u>13</u>	76. <u>17</u>	77. <u>2</u>	78. <u>3</u>
9th	79. <u>13</u>	80. <u>25</u>	81. <u>1</u>	82. <u>1</u>
10th	83. <u>13</u>	84. <u>15</u>	85. <u>9</u>	86. <u>2</u>

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

- (97) Catastrophic
(98) Other enclosed area (specify)

(99) Unknown

Third Seat

- (31) Left
(32) Middle
(33) Right

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Side panel - forward of the A1/A2-pillar
(11) Door panel (side)
(12) Side panel - rear of the B-pillar
(13) Roof (or convertible top)
(14) Roof side rail
(15) Windshield
(16) Windshield header
(17) Window frame
(18) Floor pan (includes sill)
(19) Backlight header
(20) Front seat back
(21) Second seat back
(22) Third seat back
(23) Fourth seat back
(24) Fifth seat back
(25) Seat cushion
(26) Back door/panel (e.g., tailgate)
(27) Other interior component (specify):

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify):
(32) Other exterior object in the environment (specify):
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify):
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
(2) ≥ 8 centimeters but < 15 centimeters
(3) ≥ 15 centimeters but < 30 centimeters
(4) ≥ 30 centimeters but < 46 centimeters
(5) ≥ 46 centimeters but < 61 centimeters
(6) ≥ 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

N/A

STEERING COLUMN

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment 2

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation 00

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 00

- (00) No steering rim deformation

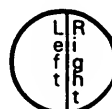
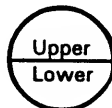
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

92. Odometer Reading 170,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
105537 miles X 1.6093 = 169845 kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 0

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 0

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 2

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

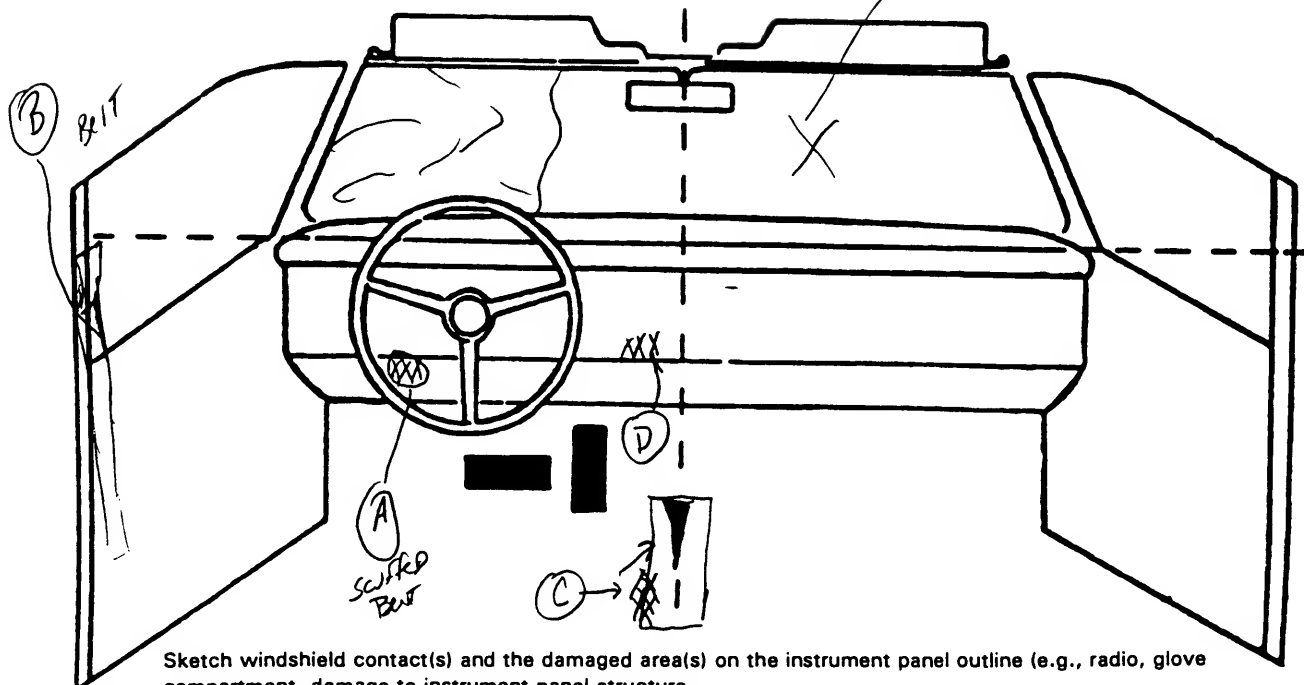
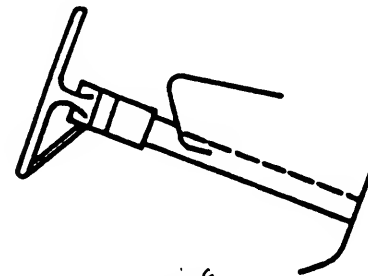
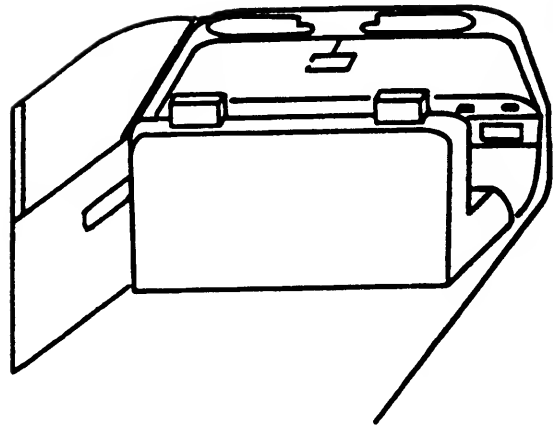
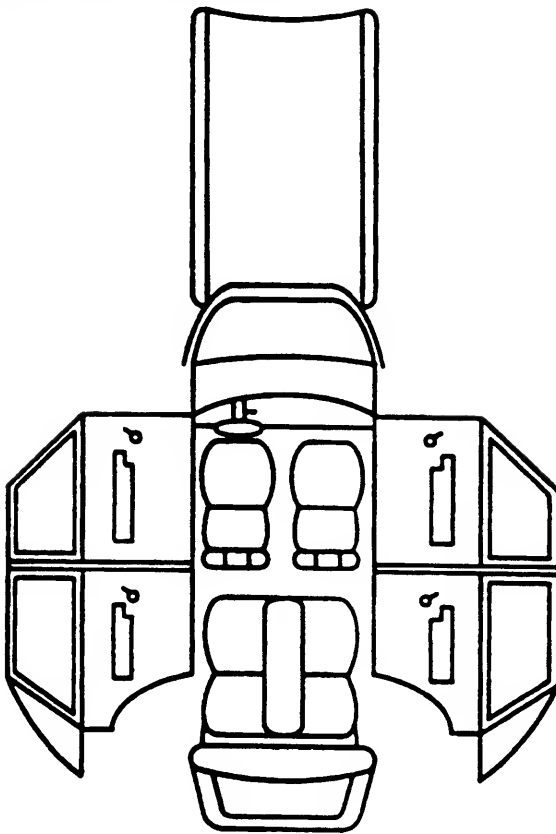
97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	10	1	L Knee	BROKEN, SCUFFED	1
B	152	1	Chest	ABRADED / SCUFFED	1
C	252	1	R. HIP	BROKEN / BENT	1
D	011	1	R. KNEE	BENT / BROKEN	1
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	 	4
	B-Evidence of usage	04		04
	C-Used in this crash?	04		00
	D-Proper Use	1		0
	E-Failure Modes	1		2
	F-Anchorage Adjustment	4		2
SECOND	A-Availability	4	3	4
	B-Evidence of usage	04	03	04
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability	 	 	
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function			
	Deployment	N/A		
	Failure			

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function		
	B-Use	N/A	
	C-Type		
	D-Proper Use		
	E-Failure Modes		

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used

improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	0	0
B-Flaps open at tear points?	0	0
C-Flaps damaged?	0	0
D-Air bag damaged?	00	00
E-Source of air bag damage	00	00
F-Air bag tethered?	0	0
G-Air bag have vent ports?	0	0
H-Other occupant contact air bag?	0	0
I-Occupant wearing eyewear?	0	0

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

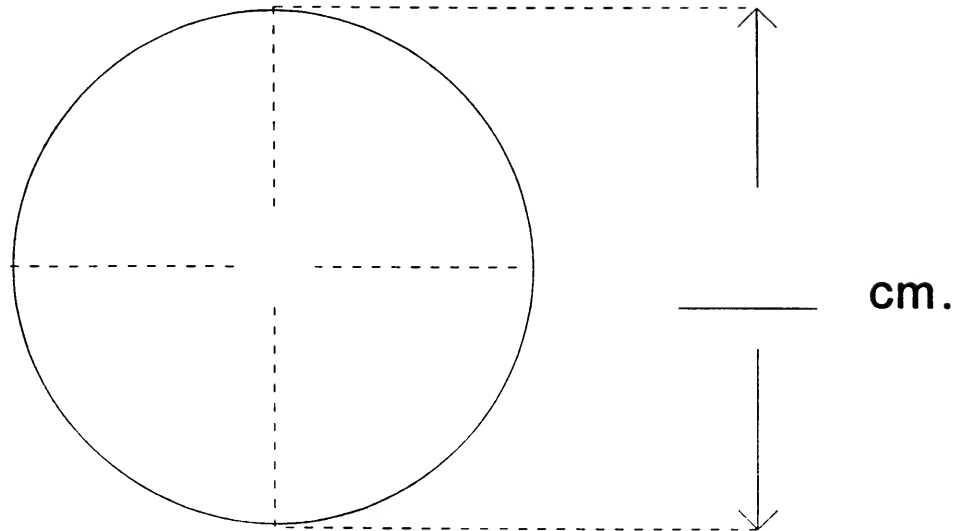
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

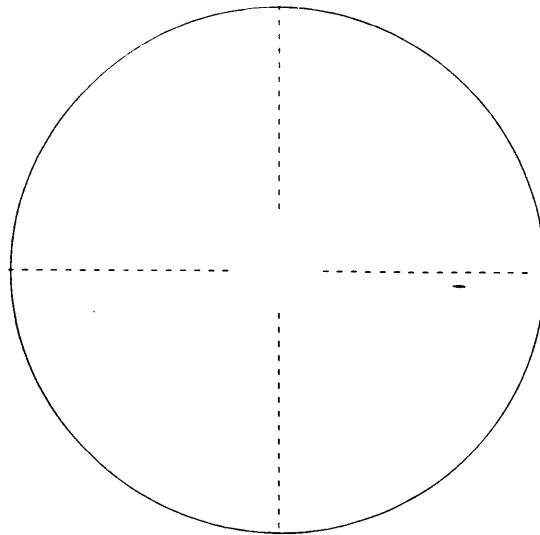
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

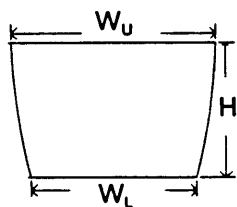


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____



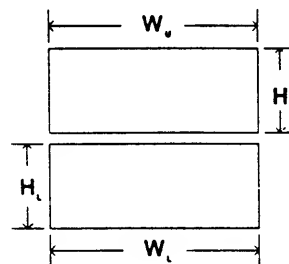
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) _____ width (W_L) _____

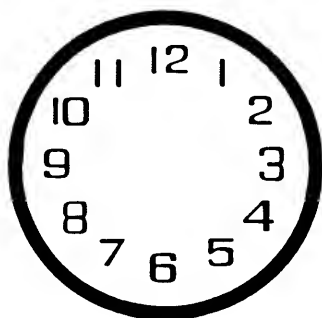
height (H_U) _____ height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

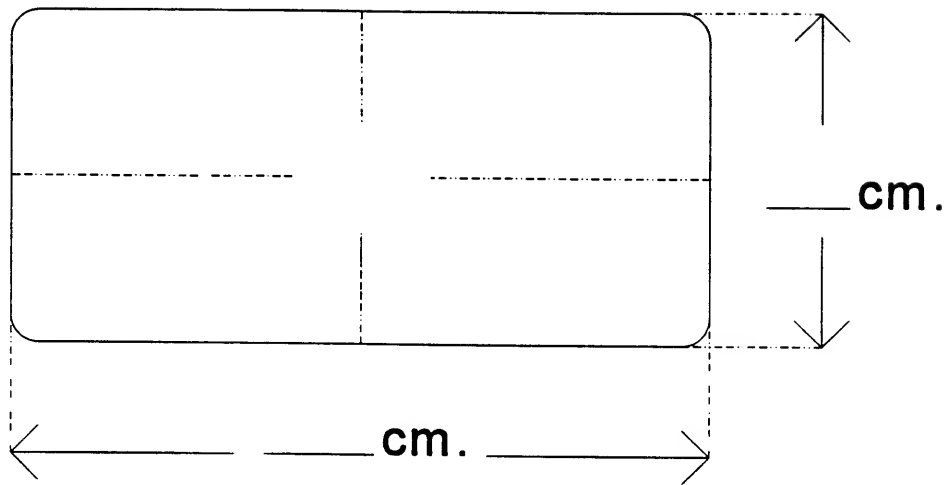
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

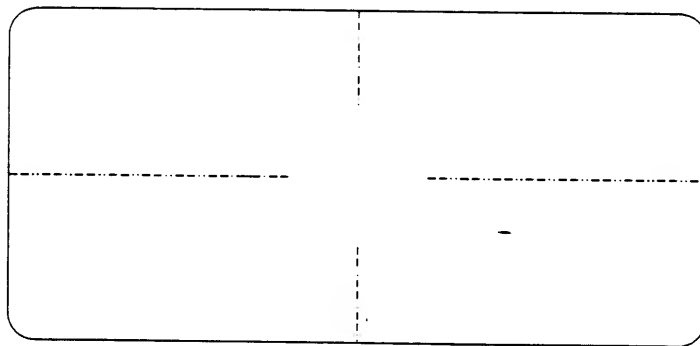


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

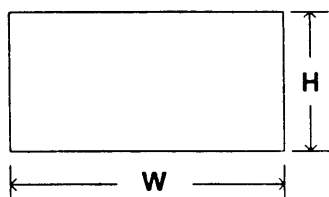


PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

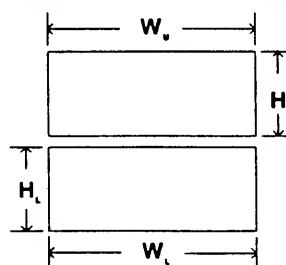
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

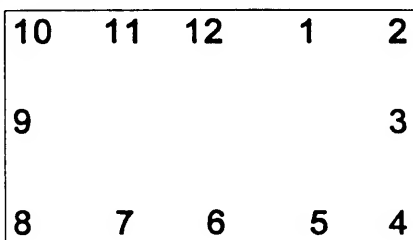
height (H_l) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	3		3
	B-Seat Type	03		03
	C-Seat Orientation	1		1
	D-Seat Track Position	5		5
	E-Seat Back Incline Pre/Post Impact	23 (MOVED POST CRASH)		24
	F-Seat Performance	1		6
SECOND	A-Head Restraint Type/Damage	1	0	1
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

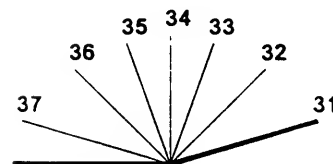
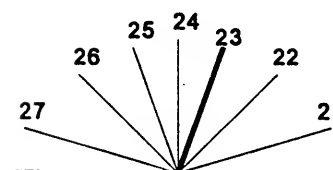
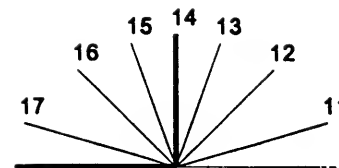
Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

DESCRIBE ANY INDICATION OF
ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT
CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation		N/A				
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): _____
2. Case Number - Stratum <u>9622</u>	<u>DRIVER</u>
3. Vehicle Number <u>01</u>	Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was E/B on [REDACTED] had just stopped cause my older boy got sick. We switched seats with [REDACTED] getting in front. I approached intersection saw other car, I thought light was green. Sun in my eyes. I had hardly no time to react. I don't remember anything after the initial hit. I woke up and we were on side of road. I then got out to call for help. My wife and son in back seat. They got out when ambulance got there. [REDACTED] was taken out of back seat. My wife took him out.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

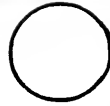
How did she pull him out. [REDACTED] took belt off put hands under head and body and pulled him in back.

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

What color clothing was [REDACTED] wearing?
PANTS = CACHI, shirt = light green shirt
shorts

Daily [REDACTED] has photos

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

Prior to crash and after the switching of seats. [REDACTED] tried to put shoulder strap behind him but father caught him and told him to put it back on. [REDACTED] then did it again but again was told to put it on correctly and if he didn't he would get a spanking.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input checked="" type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input checked="" type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input checked="" type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	only remember initial impact.

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>96</u> Make: <u>Mitsubishi</u> Model: <u>Galant S</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <u>Rental car</u> <input checked="" type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input type="checkbox"/> No <u>possibly / unknown</u> <input type="checkbox"/> Yes <input type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input checked="" type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <div style="text-align: center;"> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other </div> <input checked="" type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<u>All closed</u> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <div style="display: flex; justify-content: space-between;"> <div> "O" = open "P" = partially open </div> <div> "C" = Closed "U" = Unknown </div> </div>
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <u>3 bags Luggage, ICE chest, sacks of</u> <div style="text-align: center;"> <u>(MED SIZE)</u> <u>seashells</u> Approximate weight - <u>50-75</u> pounds <u>28 kg</u> </div>
VEHICLE MILEAGE	<u>VI</u> miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <i>security</i> <input type="checkbox"/> Farm labors and foreman <i>GUARD</i> <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: _____ Months: _____ <i>6 DAYS</i>
How many miles do you think that you have driven it in the last 12-month period?	Miles: _____
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input checked="" type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # 2	OCCUPANT #
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	2L
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: <input checked="" type="radio"/> White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'9" WEIGHT: 215 AGE: 31 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 4'6" 116.8 WEIGHT: 39 lbs AGE: 5 17.7	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 4'5" 134.6 WEIGHT: 57 24.5 AGE: 7
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input checked="" type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed (A) Foot on brake (R) Foot on floor (E) on floor (F) 10-2?	Indicate all letters that apply and further describe as needed Feet hanging over seat pointed towards dash UNK.	Indicate all letters that apply and further describe as needed Laying across seat w/ head on mom's lap.

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <i>even w/ Driver</i> <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> <input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> <input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> <input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> <input type="checkbox"/> Slightly forward of 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<input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> Unknown																																																		
TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input checked="" type="checkbox"/> Unknown <i>NEVER MOVED</i>	<input type="checkbox"/> Between full up and center <input type="checkbox"/> Between center and full down																																																
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint																																																

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown*(Note to researcher: try to determine any driver distractions without implying fault)*

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify): _____
- ☐ Was there a moving object in vehicle (specify): _____
- ☐ Talking or listening on a cellular phone (specify): _____
- ☐ Dialing a cellular phone (specify): _____
- ☐ Adjusting climate control (specify): _____
- ☐ Adjusting radio, CD or cassette player (specify): _____
- ☐ Using other device or object in vehicle (specify): _____
- ☐ Sleepy / asleep (specify): _____
- ☐ Distracted by outside person, object, or event (specify): _____
- ☐ Eating or drinking (specify): _____
- ☐ Smoking related (specify): _____
- ☐ Other (specify): _____
- ☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2-point automatic belt)</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3-point automatic belt)</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input checked="" type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input checked="" type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

How was ~~the driver~~ positioned post crash? He was slumped OVER in seat leaning to left back against seatback.. leaning towards center console

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - continue to right <input checked="" type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>eye glasses</i>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

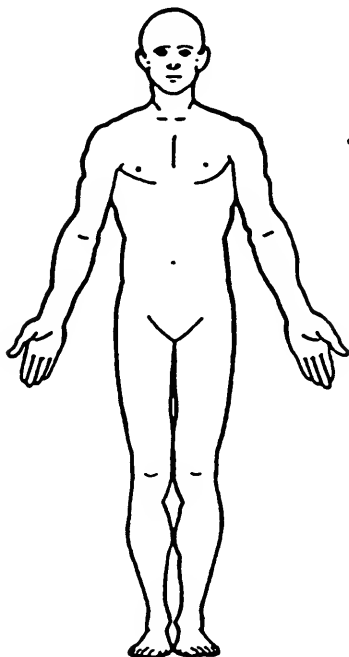
	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION			
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input checked="" type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?		Hosp	Hosp
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: Remove stitches <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

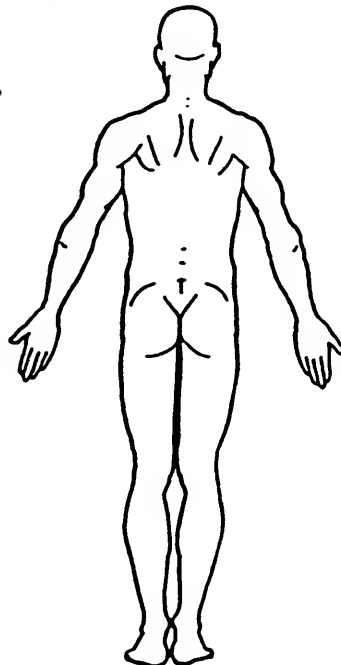
PSU Number 10 Case Number—Stratum 9622 Vehicle Number 01 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES

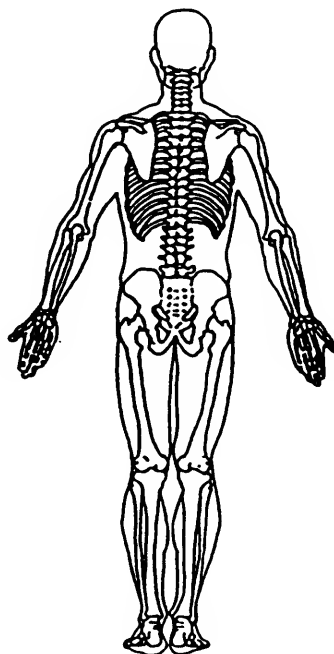
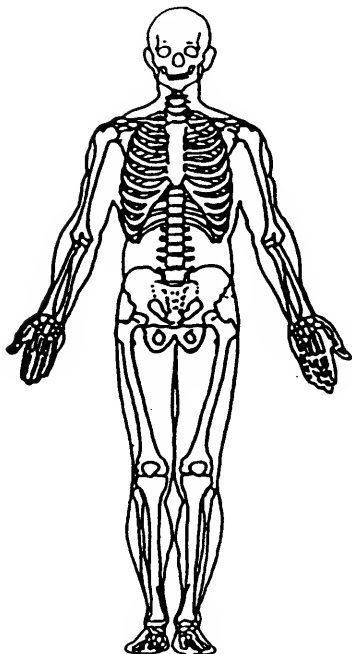


Knocked
unconscious
few moments
AIR BAG

Knees
SORE



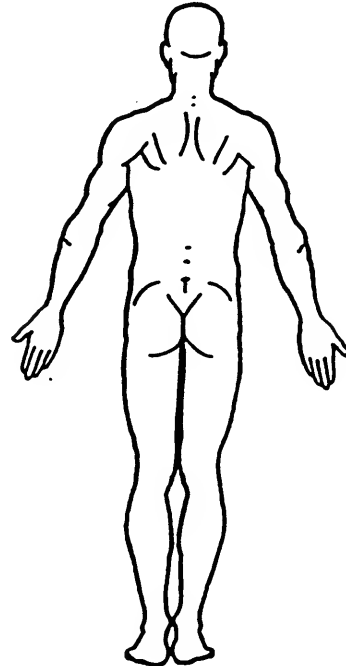
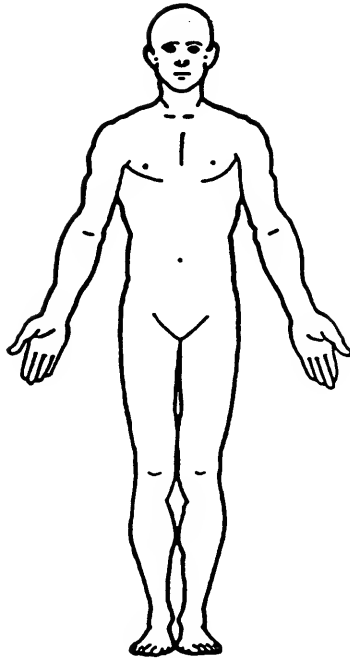
SKELETAL INJURIES



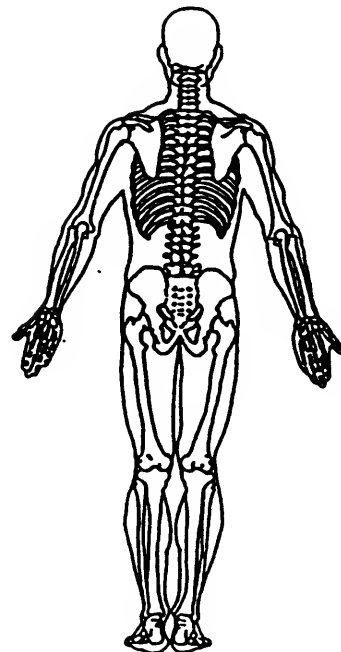
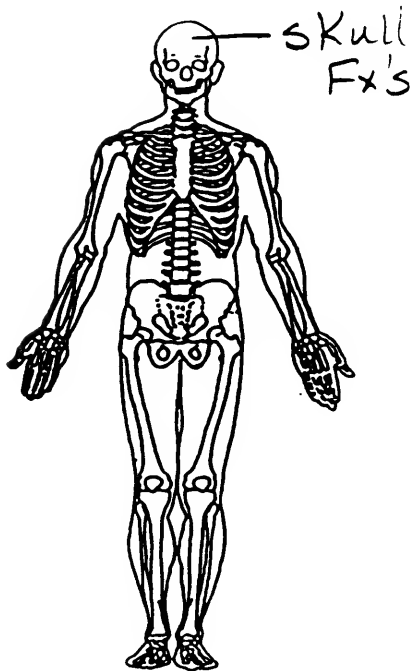
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9622 Vehicle Number 01 Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES



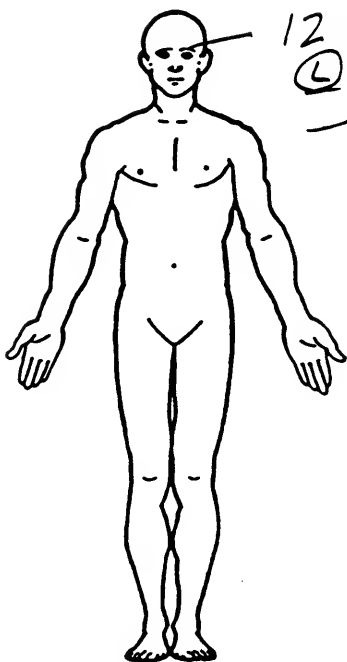
SKELETAL INJURIES



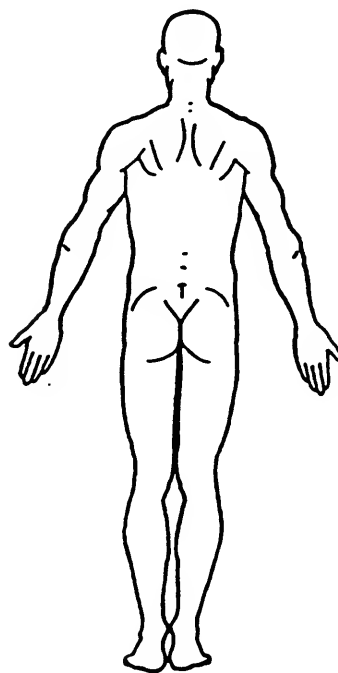
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9622Vehicle Number 01Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

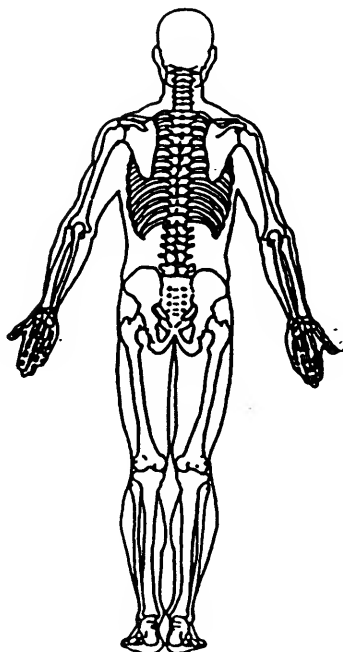
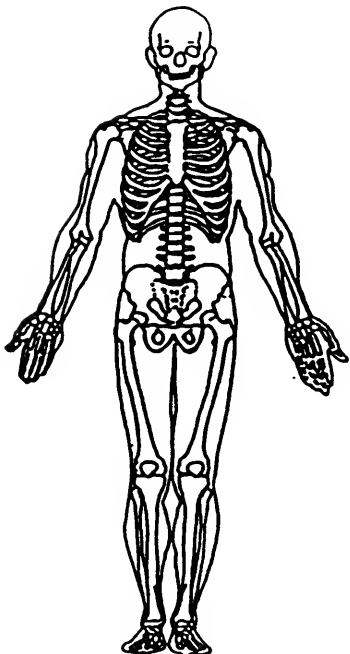
SOFT TISSUE/INTERNAL INJURIES



12 stitches
④ eyebrow
UNK / glass



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT DATA QUESTIONS SUPPLEMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10 Interviewee(s) Role or Name(s): _____
2. Case Number - Stratum 9622 DRIVER
3. Vehicle Number 01 Phone number: _____

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>4</u>	OCCUPANT # _____	OCCUPANT # _____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	<u>2M</u>		
SEX, HEIGHT, WEIGHT, AND AGE? <u>165.1</u> <u>54.4</u>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'5"</u> WEIGHT: <u>120</u> AGE: <u>34</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - nk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

Describe any additional information here:

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>4</u>	OCCUPANT # ____	OCCUPANT # ____
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <i>on floor</i> <i>Ⓛ on TORSO</i> <i>Ⓡ on SEAT HEAD</i>	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	PRE POST <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	PRE POST <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	PRE POST <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown

RESTRAINT INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
DO ANY OF THE BELTS ATTACH TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	OCCUPANT # <u>4</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)

☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____
DID AIR BAG INFLATE DURING THIS CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

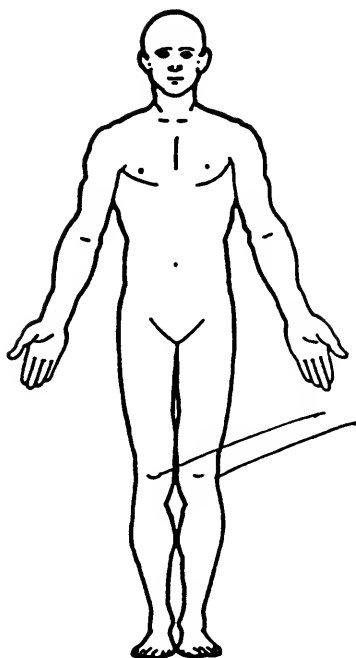
INJURY INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
WERE YOU INJURED? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVED ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH? <i>off until [redacted]</i>	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? • If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9622 Vehicle Number 01 Occupant Number 04

INJURY DATA FROM INTERVIEWEE(S)

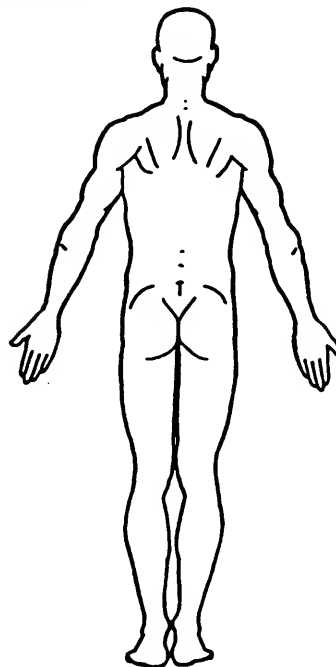
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES

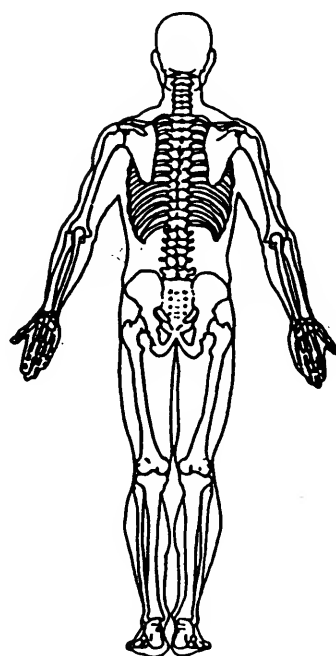
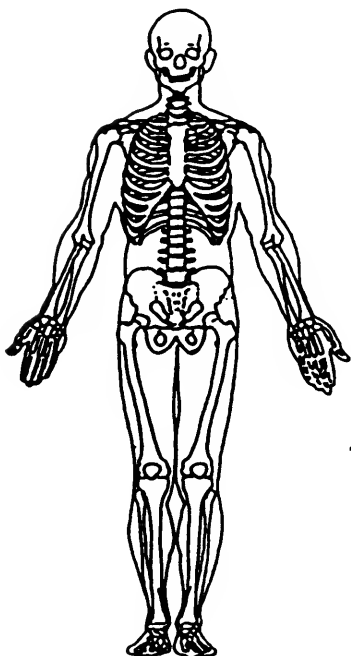


Bruises
to
ARM
(unk which)

Both.
Knees



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9622

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

31

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

175

Code actual height to the nearest
centimeter.

(999) Unknown

69 inches X 2.54 = 175 centimeters

8. Occupant's Weight

098

Code actual weight to the nearest
kilogram.

(999) Unknown

215 pounds X .4536 = 97.52 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>2</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>04</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p>	<p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):
☐ Unknown if belt used

30. Frontal Air Bag System

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure?

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 0015

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

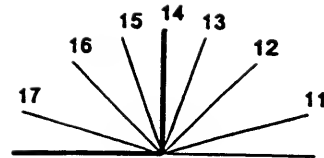
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track**
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 2 3

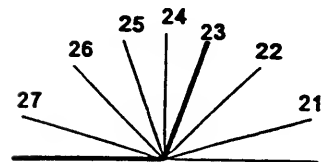
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

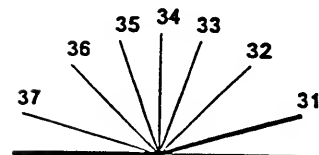
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay00

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost04

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score** 01
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9622</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
1st	5. <u>7</u>	6. <u>1</u>	7. <u>1</u>	8. <u>50</u>	9. <u>99</u>	10. <u>7</u>	11. <u>0</u>	12. <u>170</u>	13. <u>3</u>	14. <u>2</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

.I.S. - 90

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs,</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity		The exceptions to this rule apply to:	(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA

INJURY SOURCE
CONFIDENCE LEVEL

DIRECT/INDIRECT INJURY

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

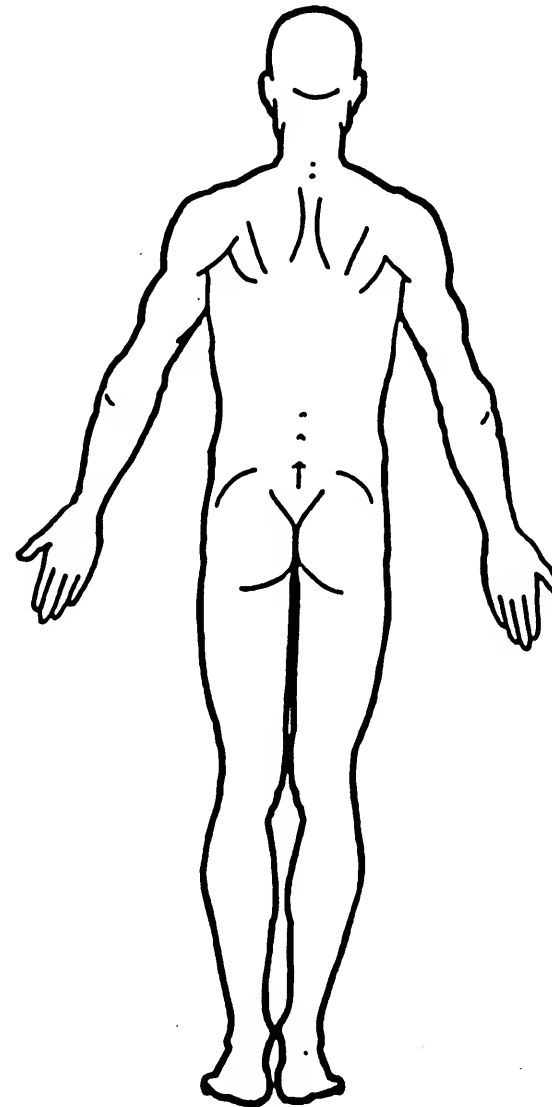
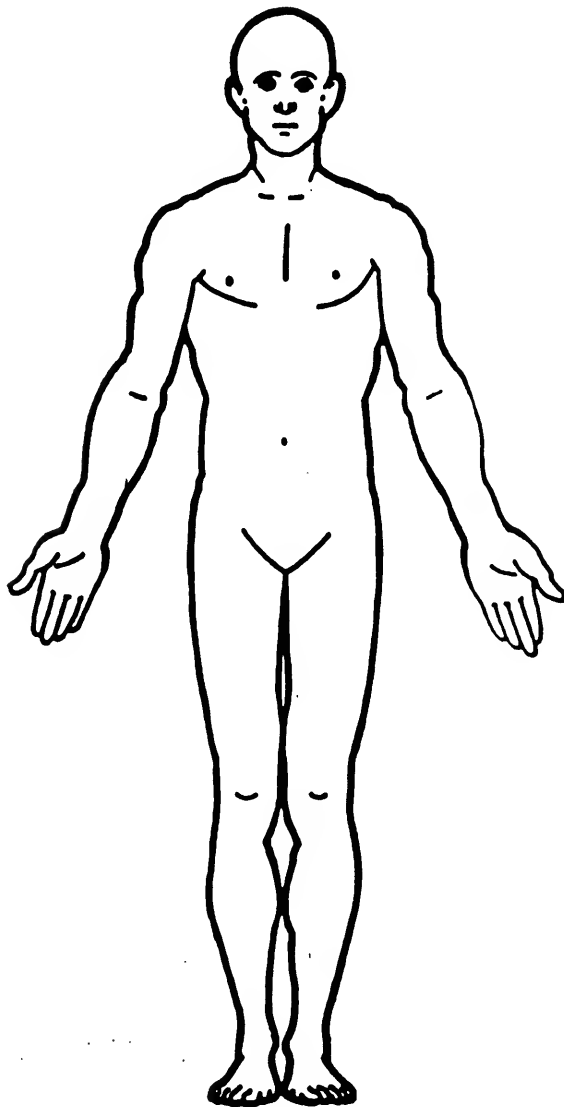
Arterial Blood Gases

pH =

PO₂ =

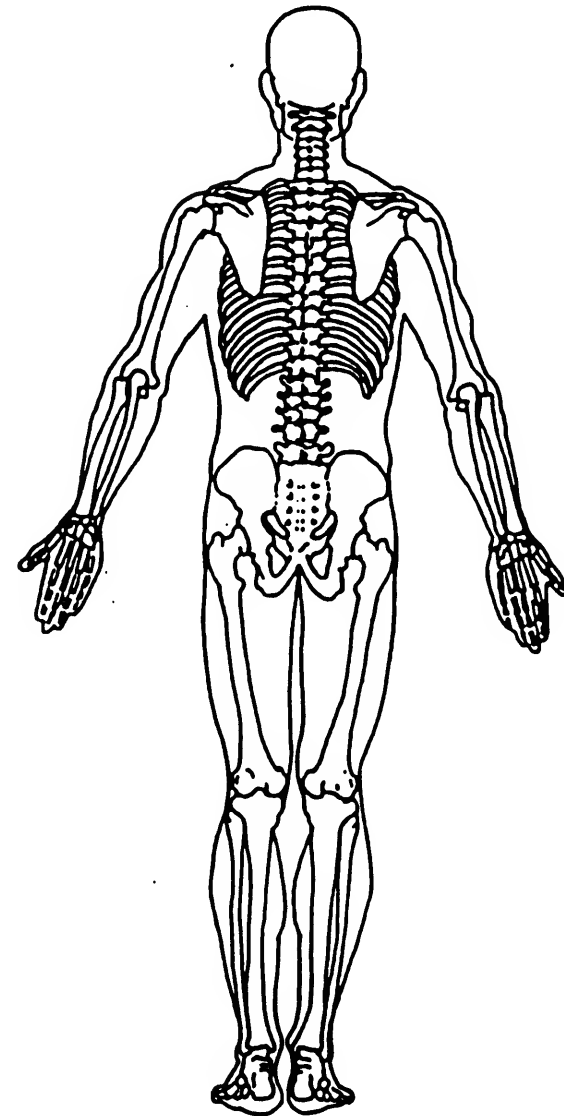
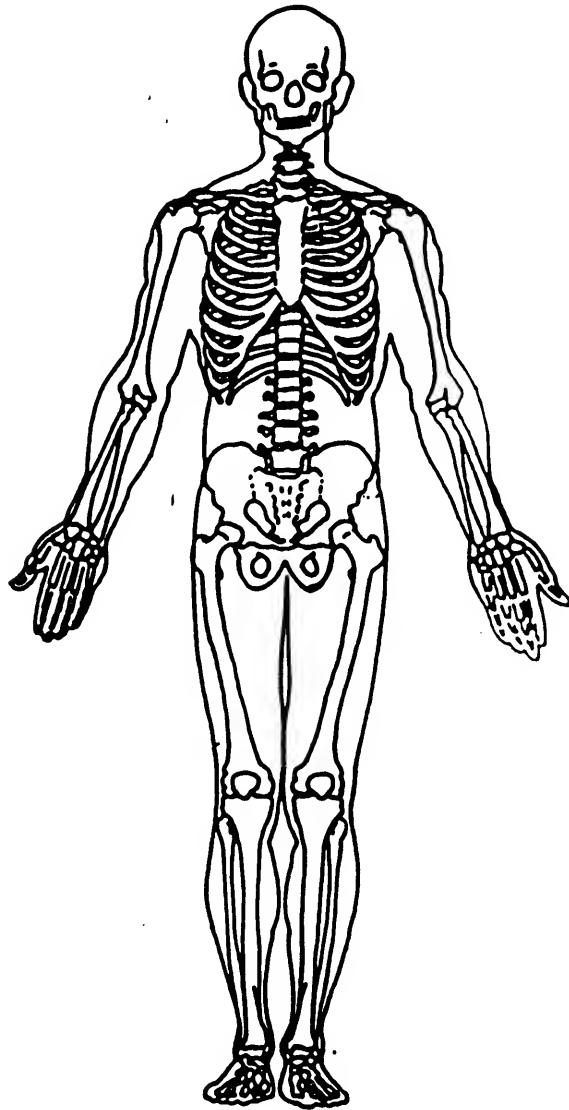
PCO₂

HCO₃



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Survivor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel end below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side end object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side end eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side end object held
- (179) Air bag compartment cover-driver side end object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts. (specify): _____
- (409) Additional or relocated switches. (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

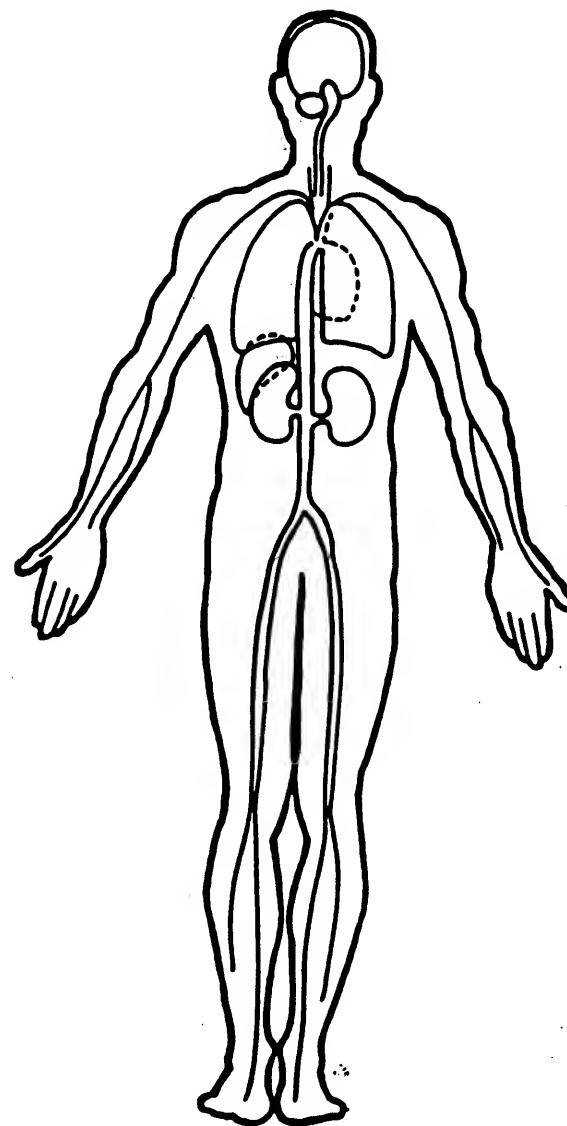
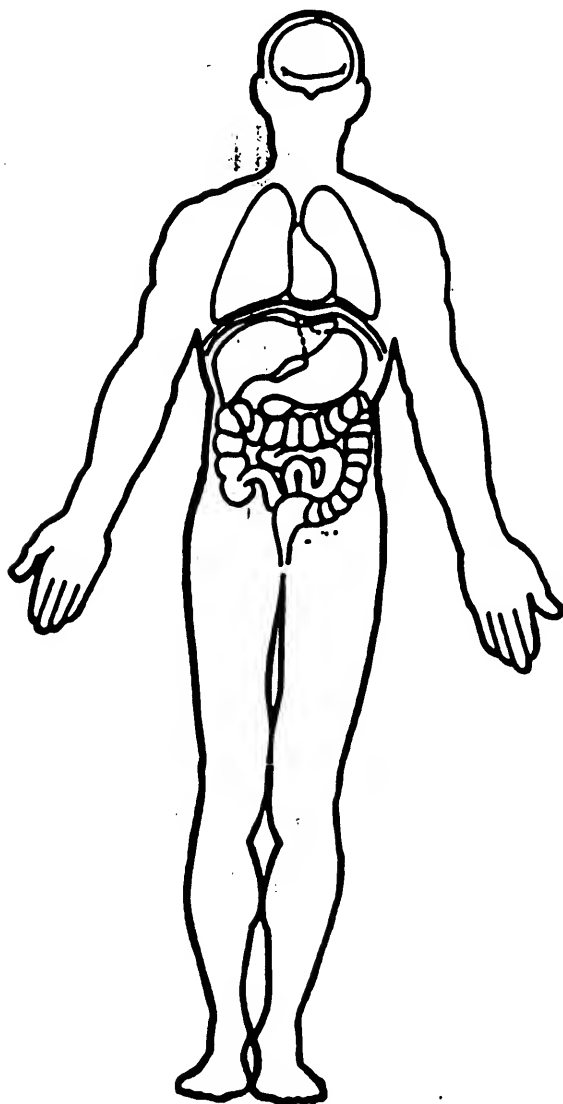
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patient's stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9622

3. Vehicle Number

01

4. Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

05

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

117

Code actual height to the nearest centimeter.

(999) Unknown

46 inches X 2.54 = 116⁸⁴ centimeters

8. Occupant's Weight

018

Code actual weight to the nearest kilogram.

(999) Unknown

039 pounds X .4536 = 17⁶⁹ kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

1

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 2

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use 9</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown"</p> <p>29. Police Reported Air Bag Availability/Function 2</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) 1</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) 1</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0015

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 01

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

- (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 2

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 2

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact
 to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 1

- (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant
at This Occupant Position 3

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 02

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 3

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

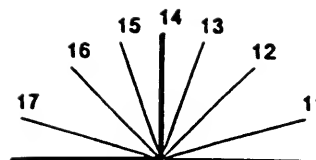
- (2) Seat at forward most track position
 (3) Seat between forward most and middle track
 positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
 positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 23

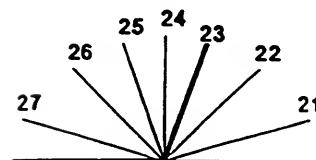
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

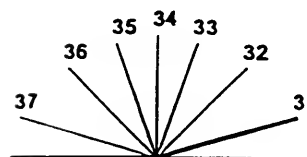
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 02

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal 2 hours
 (96) Fatal - ruled disease 18 minutes
 (99) Unknown

67. 1st Medically Reported Cause of Death 0268. 2nd Medically Reported Cause of Death 0169. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 06

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 03
(at Medical Facility)

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 3

- (1) No - blood not given
 (2) Yes - blood given
 (specify units): PRBC
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 08

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify):
 (9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
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OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number		<u>10</u>		3. Vehicle Number		<u>01</u>	
2. Case Number - Stratum		<u>9622</u>		4. Occupant Number		<u>02</u>	

INJURY DATA										
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.										
A.I.S. - 90										
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
Concussion GCS = 3 ^{1st}	5. <u>3</u>	6. <u>1</u>	7. <u>6</u>	8. <u>08</u>	9. <u>24</u>	10. <u>5</u>	11. <u>0</u>	12. <u>252</u>	13. <u>2</u>	14. <u>1</u> 15. <u>00</u>
Fracture, depressed ① frontoparietal	16. <u>2</u>	17. <u>1</u>	18. <u>5</u>	19. <u>04</u>	20. <u>06</u>	21. <u>4</u>	22. <u>5</u>	23. <u>252</u>	24. <u>3</u>	25. <u>1</u> 26. <u>00</u>
Contusion fore head	27. <u>3</u>	28. <u>2</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>7</u>	34. <u>252</u>	35. <u>3</u>	36. <u>1</u> 37. <u>00</u>
Contusion over eyes	38. <u>3</u>	39. <u>2</u>	40. <u>9</u>	41. <u>74</u>	42. <u>02</u>	43. <u>1</u>	44. <u>3</u>	45. <u>252</u>	46. <u>2</u>	47. <u>1</u> 48. <u>00</u>
Abrasion neck clavicular area	49. <u>2</u>	50. <u>7</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>152</u>	57. <u>2</u>	58. <u>1</u> 59. <u>00</u>
Contusion upper Abdomen	60. <u>3</u>	61. <u>5</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>7</u>	67. <u>152</u>	68. <u>3</u>	69. <u>1</u> 70. <u>00</u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u> 81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u> 92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u> 103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u> 114. <u> </u>

OCCUPANT INJURY DATA

		A.I.S. - 90								Injury Source	Direct/	Occupant
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level	Indirect Injury	Intrusion Number		
11th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
12th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
13th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
14th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
15th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
16th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
17th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
18th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
19th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
20th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
21st	—	—	—	— — —	—	—	— — — —	—	—	— — —		
22nd	—	—	—	— — —	—	—	— — — —	—	—	— — —		
23rd	—	—	—	— — —	—	—	— — — —	—	—	— — —		
24th	—	—	—	— — —	—	—	— — — —	—	—	— — —		
25th	—	—	—	— — —	—	—	— — — —	—	—	— — —		

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY**

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

✓ No (ED, NN)

— Yes

Blood Alcohol Level (mg/dl)

BAL =

Glasgow Coma Scale Score

GCS = 3 (MF)

Blood products (CN1, CN2)

Units of Blood Given

Units = 3

Packed Red Blood Cells (HP)

Arterial Blood Gases

pH = 7.01 6.96

PO₂ = 46 96

PCO₂ = 56 36

HCO₃ = 14 8

10:22 10:40

(HP) (HP)

• Unrestrained in front seat of vehicle. He was reportedly thrown from the vehicle + found bradycardia with agonal respirations (ED)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Bruise over forehead + eyes (HP)

Blood bilateral ears (MF)

• Thrown from vehicle (CN1, CN2)

• Unrestrained in back seat (NN, MF)

• Hemorrhaging particulate matter from (L) ear (ED)

• Bleeding from nose + ears bilaterally (CN1, CN2 (massive))

• Blood continues to ooze from nose, ears + mouth (HP)

• Laceration (L) posterior skull (MF)

• No other obvious external injuries (HP)

• No peripheral injuries noted (MF)

• Large amount of blood coming from mouth and nose, suctioned (HP, NN)

• Small bruise over upper abdomen (HP)

Dx: Closed Head Injury
Cardiopulmonary Arrest
Respiratory Failure
Hypovolemic Shock (ER)

• 5 year-old white male

Weight: 20 kg (MF)

Death @ 11:45 a.m.

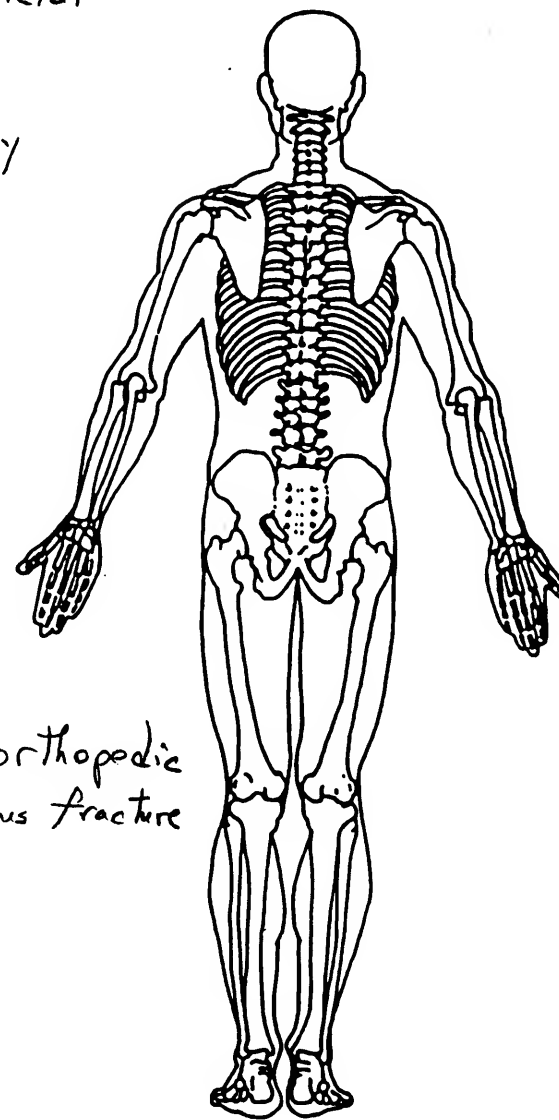
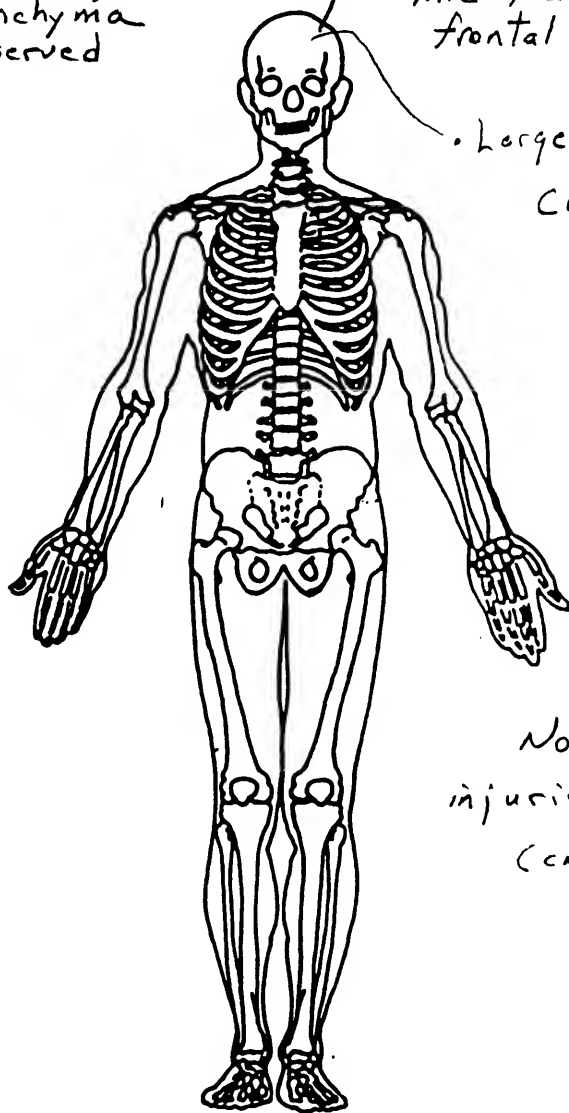
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Large frontal
cranial defect;
brain parenchyma
was also observed
in (R) ear
(CN1)

• Depressed skull fracture over
mid-frontal + (L) parietal
frontal area (HP)

• Large head injury
(CN2)



No obvious orthopedic
injuries; no obvious fracture
(CN2)

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____

- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tire (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Initially fixed + dilated pupils on arrival @ hospital (ED)

Neuro: comatose, no pain response (MF)

• Pupils continued to be fixed + dilated (HP, CN2)

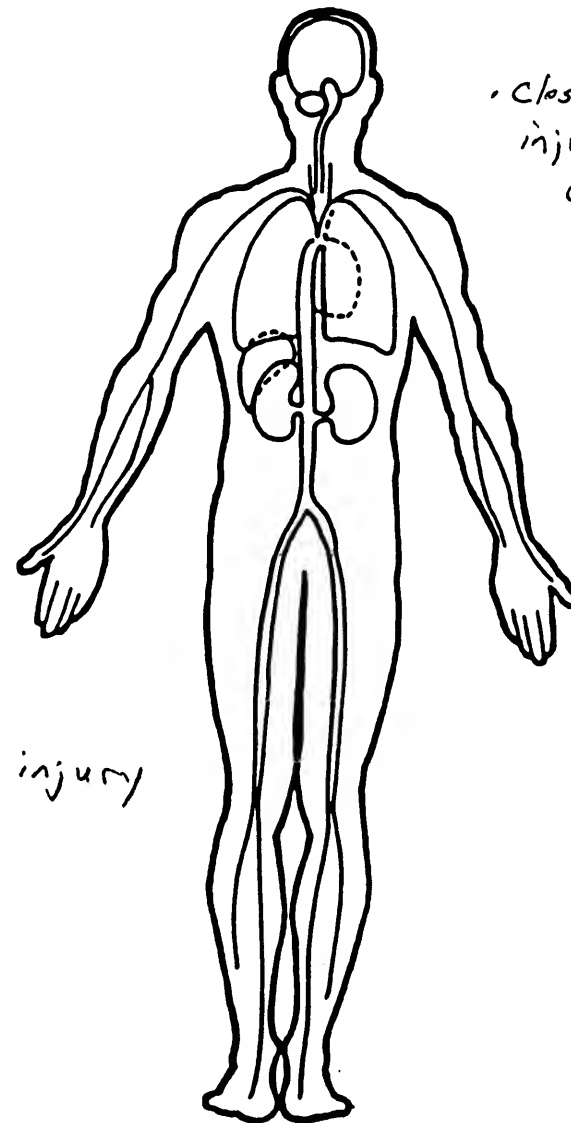
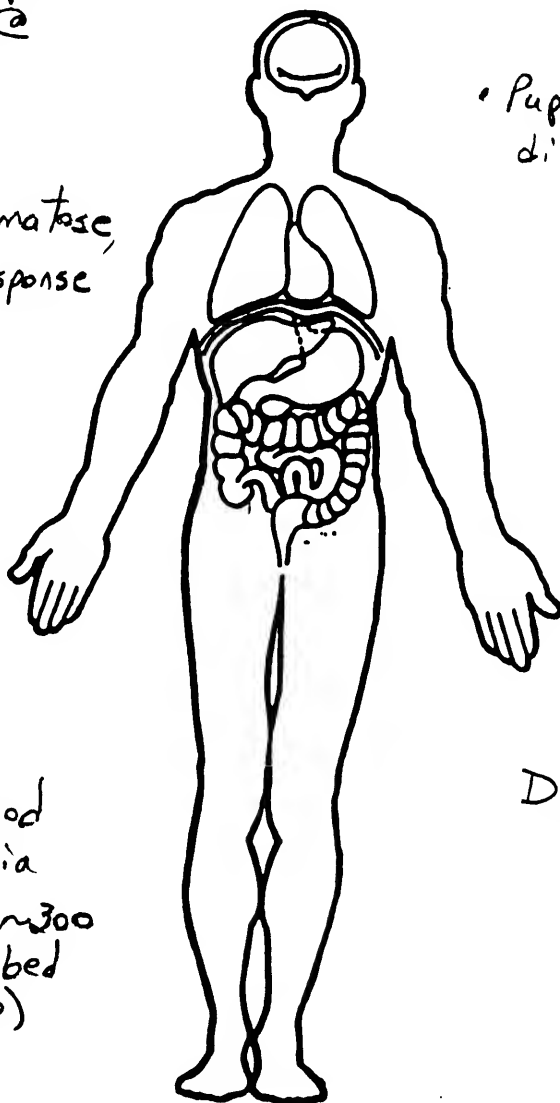
• Pupils fixed + dilated @ scene (MF)

• Major cranial injury (HP, CN2)

• Closed head injury (CN2)

Dx: Open head injury (MF)

• 700 cc blood obtained via suction + ~300 cc more on bed + floor (HP)



CAUSE OF DEATH

BEST AVAILABLE COPY

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

MF Medical Flight Record

Me. 1 Record #

FLIG:

Continuation Sheet Yes ☒

ER

THE

☐
☐

EMERGENCY TREATMENT RECORD
Continuation/Consult Sheet

Stamp Patient I.D.

1150	IV established and bolus 1000 cc NS started at time of arrival. (L) Subclavian line established by [redacted] and NS run via this line.	
10:37	OO PRBC started via femoral line. IO line disconnected @ 1037 HR 120 = B/P 30/0 CPR discontinued - large amounts of blood noted to be coming from mouth + nose, child suctioned repeatedly. @ 1040 HR found to be 30 and CPR restarted. Epi 2mg given at 1044 = NaHCO ₃ 20mEq	
10:48	Pulse noted 144 = nail bed pink cap refill 2-3 sec. CPR stopped. @ 1048, no pulse noted	
10:50	CPR restarted, large amount of blood noted from nose + mouth. Pupils ext to be fixed and dilated. NS cont via (L) subclavian and PRBC cont via (R) femoral. CPR restarted.	
11:00	Epinephrine 2mg given at 1100, 2nd unit O- PRBC started 1055 via (R) femoral line.	
11:03	@ 1103 HR 140 B/P 100/0 CPR stopped	
11:05	@ 1105 HR 80 B/P 50/0, nailbed cyanotic.	
	Pt reassessed NES [redacted] present and felt major cranial injury noted, prognosis + outcome expected to be poor. poor	
11:10	@ 1110 HR 60 B/P 40/0 Ventilator support continued on SIMV = PS R 30 TV 280	
	Pressure 37/2, PRBC cont via (R) femoral. And NS via (L) subclavian line. Blood cont to ooze from nose, ear + mouth.	
	(B) BS equal, HR 60, = intermittent thrutch pulse. No other obvious external lacerations. No labial cyanosis.	
ER Physician [redacted]	Attending [redacted]	Consultant

THE

☐
☐

EMERGENCY TREATMENT RECORD

Continuation/Consult Sheet

Stamp Patient I.D.

196		
1150	<p>over extremities. Depressed fracture noted over (C) temporo-parietal area of skull and over mid frontal skull. Pupils continue to be fixed and dilated. 700cc blood obtained via suction and 300cc more on bed + floor.</p> <p>Due to inability to maintain adequate ICP despite high dose epinephrine, prolonged period of resuscitative efforts and no further interventions that could be offered, continued CPR, medications discontinued.</p> <p>Father arrived and at bedside; child present present.</p> <p>Secondary survey PE:</p> <p>HEENT: depressed skull fracture over mid-frontal and (C) parietal temporo-parietal frontal area. Pupils fixed & dilated. (C) 700cc blood + particulate matter oxygen. (B) nas - E blood oxygen mouth intubated & S.O. ETT connected to ventilator; blood oxygen run mouth, ^{bruise} over forehead eye.</p> <p>Neck: C-collar in place. No evidence of lacerations.</p> <p>Chest: (B) good BS. chest man equal (B) on ventilator.</p> <p>SIMV & PS</p> <p>Heart: Irregular rate = 80-100. Cap refill > 3 sec.</p> <p>Thready pulses. BP 70/10</p> <p>Abd: small ^{bruise} over upper abdomen, a bit soft & guarding, no rebound.</p> <p>GU: TST only, immediately flush & (B).</p> <p>Ext: No lacerations, fractures, abrasions & bruising & bruises.</p> <p>Rect: no lacerations & fissures, & blood.</p>	
ER Physician	Attending	Consultant

96

Stamp Patient I.D.

[illegible]

EMERGENCY TREATMENT RECORD
Continuation/Consult Sheet

Stamp Patient P.D.

PES - [REDACTED]

5 y/o white boy who was brought to CHU-ER
by Med-Flight ^{intubated} ^{hemodynamically} ^{unstable} ^{stable} ^{unstable}
to bradycardia + pulseless ^{severe} ^{head} ^{injury} ^{from}
suspected ^{child} ^{was} ^{thrown} ^{from}
vehicle. On arrival ^{clinically} ^{BP} ^{bradycardic}
CVC (A) ^{subclavian} ^{started} ^{as} ^{well} ^{as} ^{large} ^{hole} ^{more (IV gauze)}
in (B) femoral. ^{Normal saline} ^{started} ^{wide} ^{open}. Child ^{subsequently}
received ^{multiple} ^{doses} ^{of} ^{epi} ^{to} ^{low} ^{dose} [→] ^{high} ^{dose}
according to protocol. Best ^{Best} BP obtained 100/P
but rapidly ^{dissipated} ^{reinstated} ^{to} ^{maintain} ^{perfusion} ^{on} ^{child}
had massive head injury [→] ^{bleeding} ^{from} ^{nose} [;]
ears (B). Large frontal cranial defect. Brain parenchyma
was also observed in (C) ear. Breath sounds ^{were} ^{symmetric}
f. abd even ^{was} ^{benign}. After ^{external} ^{CPR};
high dose epi [;] ^{blood} ^{products}. [REDACTED] ^{called}
the code. PES, Ortho, & ER ^{team} ^{exhausted} ^{all}
efforts to ^{maintain} ^{hemodynamics}.

ER Physician

Attending

Consultant

PROGRESS SHEET

Recorders Sign and Date Every Entry

ORTHO

[REDACTED] / CC

Sgt. was ejected from vehicle

in mva. Closed head injury.

Bradycardia + agonal ^{agonal} respirations on scene.

Entubated brought via Air Life.

Pt unstable, ^{Heart Rate} & BP, HR on arrival.

Resuscitation in Epinephrine, CPR, NACITG,

PRB's, ^{very little} response to above.BPC 50, ^{Drops} Drops off in 10 min.

HR & is wearing off. PK is massive volume of blood from ears, nose.

Pupils fixed - 1g head injury.

- no obvious orthopedic injuries.

- no chain tx

- spine not palpated 2" to resuscitation.

Ings ① Pt ^{unstable} unstable, bradycardia & BP, HR -

Plan ① Resuscitation stopped at 50 minutes.

& response p H @ 6.9.

& HR, BP.

[REDACTED] PATIENTS

☐☐

EMS

96

DISCHARGE ACUITY

NAM

AGE 5yr SEX M RACE () DATE 10/96 TIME 10/5

Pl. assess in ER via medflight.
 Victim of MVA, unrestrained in back
 seat, child mutilated, being bagged
 on backboard - C-collar in place.

[REDACTED] [REDACTED] [REDACTED]
 Ortho, here [REDACTED] [REDACTED] [REDACTED]
 then. Beatup of mouth wounds
 Placed on Ventilator 100% late 25

TEMP: _____

PULSE: 146RESP: 21

B/P: _____

HT: _____

WT: _____

FOC: _____

Allergies: _____ Immunizations/Tetanus: _____

Current Meds: _____

Prehospital Care/Physician: _____

☐ SOCIAL SERVICES CALLED☐ OCPD NOTIFIED☐ I.D. BAND ON☐ DIRECT TO ROOM☐ TO WAITING ROOM☐ TO X-RAY☐ LIFE-THREATENING☐ ACUTE☐ COMPROMISE☐ ROUTINETRIAGE SIGNATURE: [REDACTED]

TIME	T	P	R	B/P	IV SOL	MEDICATIONS/IV'S	PROCEDURES, TREATMENT, REMARKS
							250TV, 2 keep 100%
							Capillary refill 5 sec
						Pupils fixed + dilating	no fixed + dilating
						Appears to be ?	appears to be tension
							blood coming from
							lyan. Brachial U+
							general pulses weak
							HR in 60-70 bpm
							MS. R. femoral #16
							Cyst. (washed by 1)
							held. bed work done
NURSING SIGNATURES: <u>[REDACTED]</u>							

NN

EHS

96

NURSING CARE RECORD

PAGE 2

TIME	T	P	R	B/P	IV SOLC	MEDICATIONS/IV'S	PROCEDURES, TREATMENT, REMARKS
						Naloxon 0.4mg SC	18, Mucous
							Loose stool, RHE
							(2) Subcutaneous
							to 5.5
						NO discontinued	through lumbar
1025	51	50				Epi 0.2mg IV	1000 cc started
						for bradycardia	HR 50/5 c NO
							bowel sounds
1035							stopped K&A
							in 10 min pulse
							CPR started
1040						Epi 0.2mg	HR moderate amount of
						May 14 955 498	Mod amount of blood
						Exp 7-21-95	sectioned from mouth
1037							CPR continued
1040						Heart rate 30, T1080	gross flash
							No pulse, CPR
							started
1041						Epi 0.2mg	HR 51
						NaHCO ₃ 20mg IV	No pulse
							CPR continued by
1045							
1046							newly here
							brachial pulse, present
							CPR stopped by
							pupils remain fixed & dilated
							remains fixed & dilated
							capillary refill 2-3 sec
							Nail beds pink
1048						No pulse, CPR restarted	No pulse, CPR continued

NURSING SIGNATURES:

PAGE

TIME	T	P	R	B/P	IV SOL	MEDICATIONS/IV'S	PROCEDURES, TREATMENT, REMARKS
					/		to ant of blood coming from nose mouth + ears
1055		100		70	/	[redacted] Kephthaline	Intermittent thrushy Aula to [redacted]
1057					/	Non palpable BP	Non palpable BP HR 110, 100 C/R restless
1100	AP	V		100	/	Up my	HR 90 - 80
1103	140	V		BP	/		CPR started
1105	80	V		BP	/		[redacted] pulse?
1108	100	V		BP	/	nail beds cyanotic	Nailbeds cyanotic
1110	60	V		BP	/		Innate to [redacted] palpable BP HR intermittent - On Sat 73' Continues to cough blood from ears & nose + mouth
1118	100	V	-		/	nose + mouth	
1120	80	V			/		Died around 11:20 thrushy in Chaplans [redacted] to talk in [redacted] HR weak, intermittent [redacted] Chaplans [redacted] bedside
1128	32	V			/		Femur repositioning started. Continued
1135	15				/		All [redacted] HR & palpable
1142					/		


NURSING SIGNATURES:

PAGE 4

TIME	T	P	R	B/P	IV SOL	MEDICATIONS/IV'S	PROCEDURES/TREATMENT, REMARKS
1140					/ /		pulse, abd @ bedside No [redacted] remains at bedside. No pulse no HR.
1145					/ /	Asystolic	Asystole pronounced dead by Dr [redacted] Prepared for medical Examiner - Medical Examiner Here to take child. [redacted]
1315					/ /	Body to ME Body to ME - need by OCME [redacted]	[redacted]

~~2-24-64~~ 96

Stamp Patient I.D.



PEDIATRIC TRANSPORT FORM

Call Time 0439

Alert

Depart 0439Arrive 0447Depart 1002Arrive 1009Flight No. 26Statute Miles 26Referring Hosp. Cato-ERReferring Physician Cato-ERReceiving Hosp. Cato-ERReceiving Physician Cato-ERM.D. Control Cato-ERContacted (Times) Cato-ER

PATIENT NAME

DATE: 10/1/96

ADDRESS

CITY

STATE

ZIP

AGE 5WEIGHT 20kgDOB 10/1/91

(M/F)

SSN

ALLERGIES: unknIMMUNIZATIONS: unknDIAGNOSIS: Open head injuryREFERRAL HX: Male pt in MVA -

Meds at Referring Agency

Rear passenger - apparentlyunrestrained - Echin FJarrived & scene - pt mother holdingpt in arms - palpable - agonalResps. placed on 15 Spine - C-collar / C/D placed -#2 oral Airway placed - Bagging - 100% O2 - EMSAarrived - unk and attempts to intubated - IMFASSESSMENT Right pupil 4mmHead/Neck: C-collar in place -trach midline - no JVDPupils: Fixed / DilatedFontanelles: 0Neuro: Comatose - Spun responseChest: Clear bil breath soundHeart rate present - no chest injcreaking notedTRANSPORT NOTE: arrived - intubated 1st attempt - #5ETTunuffed - D cuff - breathing sound - heart rate presentEMSA - 100% O2 - LT A leg - blood return noted -NSCLO - Ready for transport - MFI - Straps 1-3 -to VENTILATOR - TV 150ml / FIO2 100% / R2 20 / SMT 45-97% -to 2000 Cms - pulse rate 110 - attempting BP -@ 1005 - Brady rate 50's - 4' long - given Epine 1:1000IV (AP) (007) pulse rate 110 - pupils remain fixed /dilated - blood draining from ear - possible lacLT post skull - no respiration inj noted - briefregain to Cato-ER

PEDI. TRAUMA SCORE

Airway

Normal

Maintainable

Unmaintainable

CNS

Awake

Obtunded

Coma

Glas

>40kg

20-40kg

<20kg

Systolic BP

>90mmHg

65-90mmHg

<60mmHg

Open Wound

None

Minor

Major

Spinal

None

Closed Fr

Open / Mult Fr

TOTAL GLASCOW

TOTAL SCORE

GLASCOW COMA SCALE

Eye

Spont

To Speech

To Pain

Best Motor

Obeys commands

Spont Movement

Localizes To Pain

Withdraws To Pain

Decorticate / Flexion

Decerebrate / Abnormal Flexion

Best Verbal

Oriented / babbles

Confused / Irritable Cry

Inappropriate / Cry to Pain

Incomprehensible / Moans

None

TOTAL

TOTAL 3

TIME

B/P

P

R/T

SaO2

95%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

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100%

100%

100%

100%

100%

100%

100%

100%

100%

PROCEDURES

Referring MF

ITEM

O2/Monitor

Intubation

FIO2

Bag Ventilation

Respiratory

Cardiac Monitor

ABG

IV

Chest Tube

NG

Foley

X-Ray

Spinal

Spine Immobilized

MAST pants

CPR

1-Pulse Resonance

Referring MF

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Y N Y N

Condition on Arrival:

Bagging, Airway ETT 100% O2pulse rate 110 - given 5mg Epine 1:1000AD - pulse rate 30's - CPR started - 1st StrapsAP RNAP RNAP RNAP RNAP RNAP RN

MF

BODY DIAGRAMS
AND
MEDICAL EXAMINER'S REPORT

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect	
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right	
(2) Face			(2) Left	
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral	
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central	
(5) Abdomen			(5) Anterior	
(6) Spine			(6) Posterior	
(7) Upper Extremity			(7) Superior	
(8) Lower Extremity			(8) Inferior	
(9) Unspecified			(9) Unknown	
			(0) Whole region	
Type of Anatomic Structure	<u>Whole Area</u>	Abbreviated Injury Scale		
(1) Whole Area	(02) Skin - Abrasion			
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity		
(3) Nerves	(06) Skin - Laceration			
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion			
(5) Skeletal (includes joints)	(10) Amputation			
(6) Head - LOC	(20) Burn			
(9) Skin	(30) Crush			
	(40) Degloving			
	(50) Injury - NFS			
	(90) Trauma, other than mechanical			
	<u>Head - LOC</u>			
	(02) Length of LOC			
	(04) Level			
	(06) of			
	(08) Consciousness			
	(10) Concussion			
	<u>Spine</u>			
	(02) Cervical			
	(04) Thoracic			
	(06) Lumbar			

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

NON INVASIVE EXAM

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No☐ YesBlood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

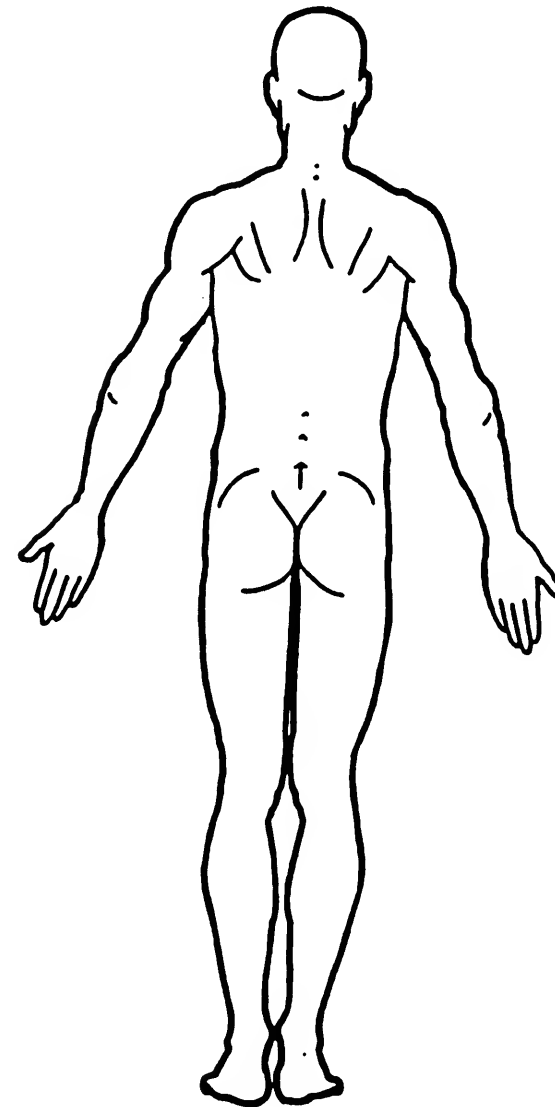
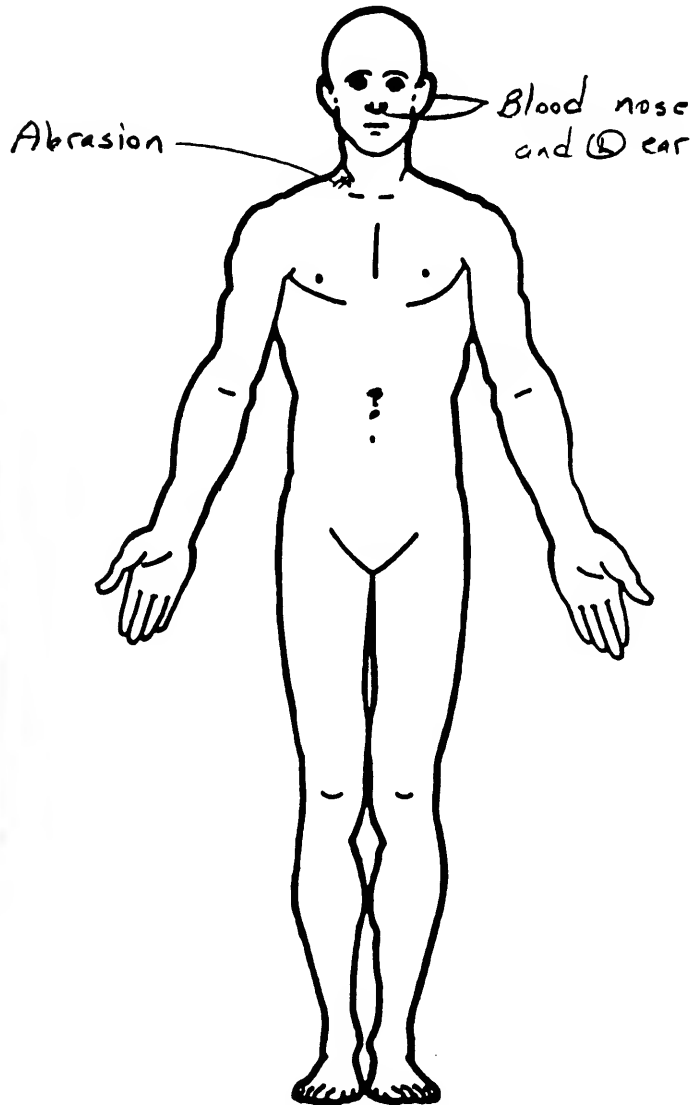
Units = ____

Arterial Blood Gases

pH = ____

PO₂ = ____PCO₂ = ____HCO₃ = ____

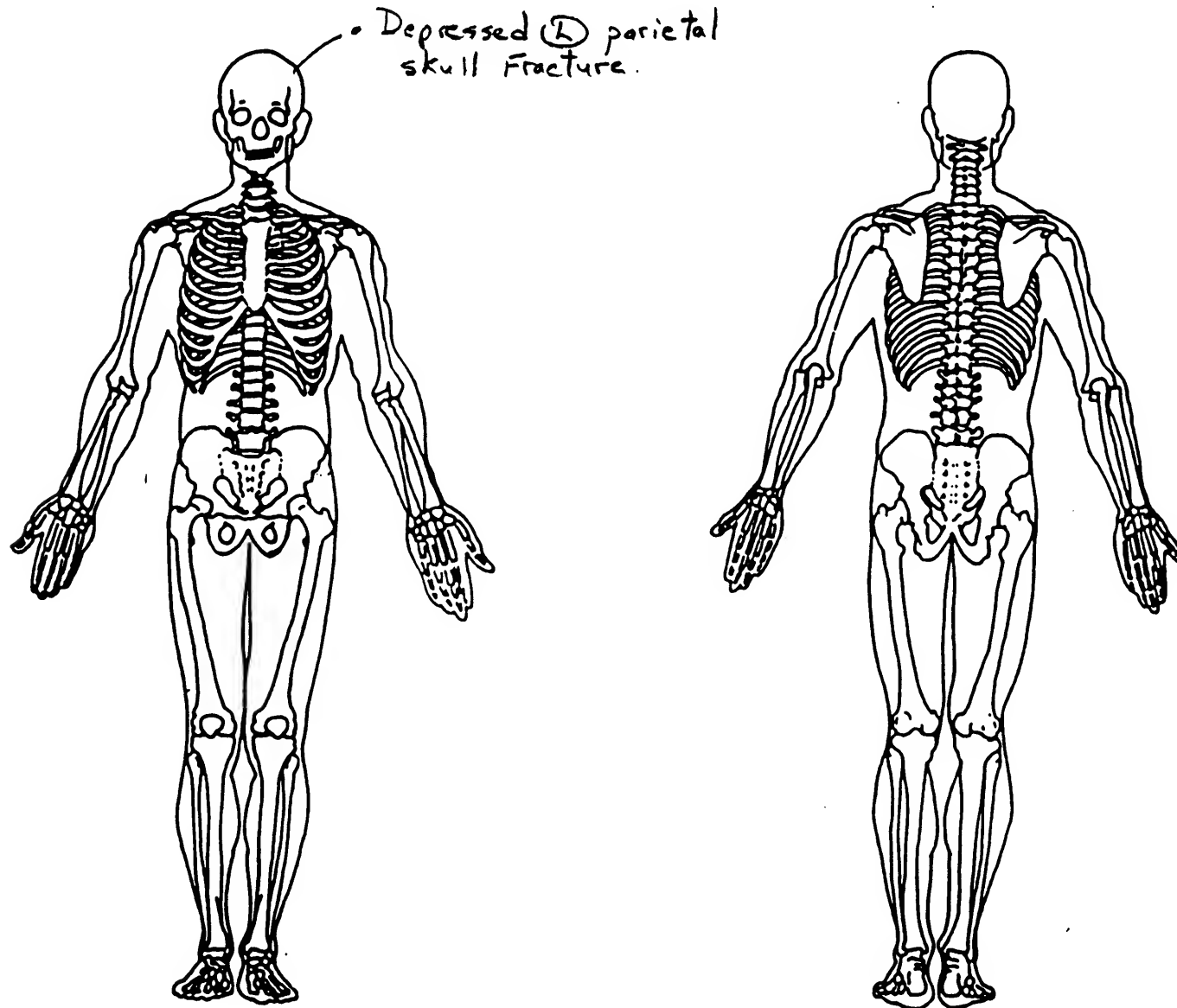
Height: 46"
Weight: 16 kg



Time to Death 2:18

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):
- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (056) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side end jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side end object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

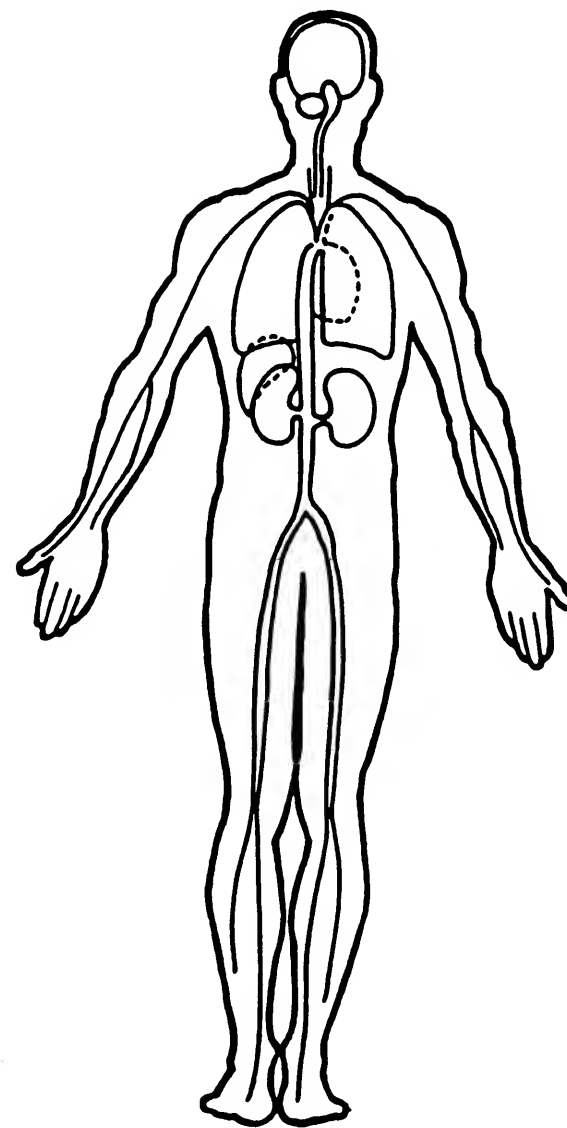
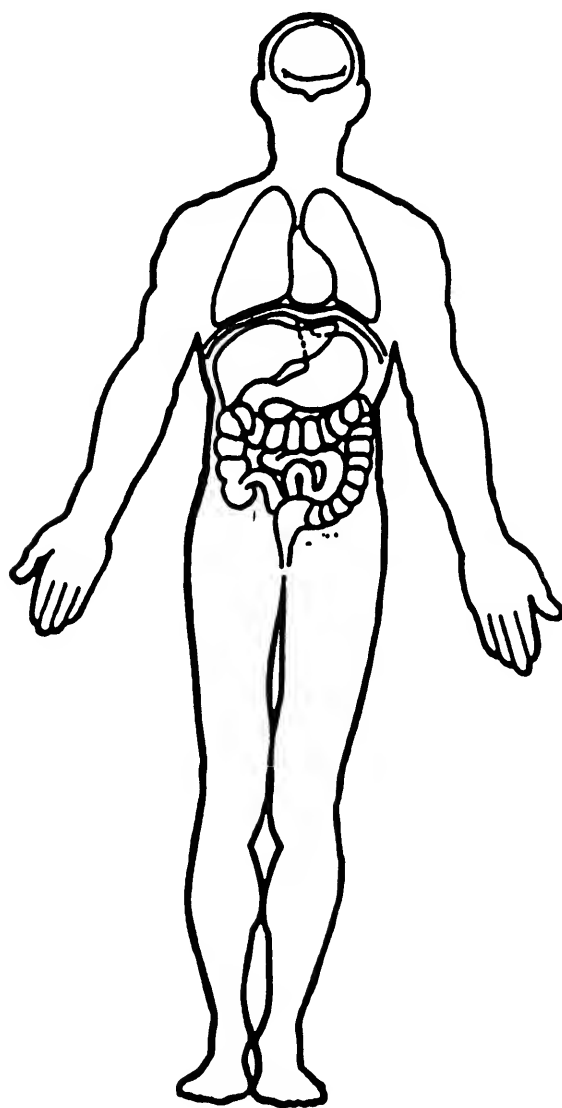
- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

Head Injury

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified None Requested		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EK	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

INVESTIGATIONS
OFFICE OF THE EXAMINER

Central Office

Oklahoma

OFFICE USE ONLY

Re: _____ Co: _____

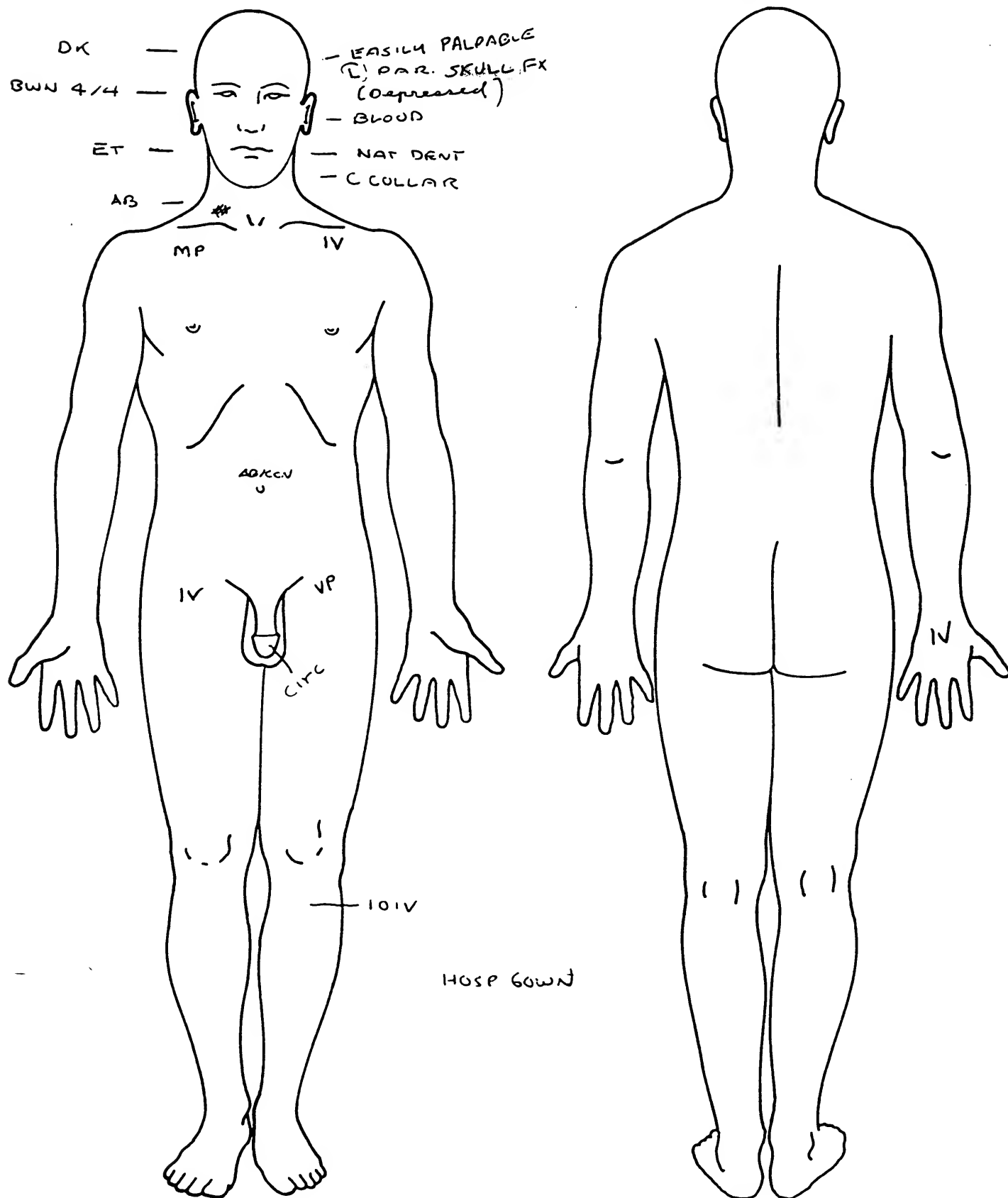
I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By: _____
 Date: _____ 96

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT—First—Middle—Last Names (Please avoid use of initials)		Age	Birth Date	Race	Sex	Marital Status
[REDACTED]		5	[REDACTED] 1	W	M	SINGLE
HOME ADDRESS—No. Street, City, State		Occupation				
[REDACTED] NEVADA		N.A.				
TYPE OF DEATH: (Check one only)		Unattended during fatal illness <input type="checkbox"/> Found dead without obvious cause <input type="checkbox"/> *Under suspicious circumstances <input type="checkbox"/> *Violent, unusual or unnatural <input checked="" type="checkbox"/> *Means: MOTOR VEHICLE				If motor vehicle accident, check one of the following DRIVER <input type="checkbox"/> CYCLIST <input type="checkbox"/> PASSENGER <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/>
While in penal incarceration <input type="checkbox"/> After unexplained coma <input type="checkbox"/> During therapeutic procedure <input type="checkbox"/> Death possible threat to public health <input type="checkbox"/> Unattended stillbirth or by midwife only <input type="checkbox"/>						
EXAMINER NOTIFIED BY—NAME—TITLE(AGENCY, INSTITUTION, OR ADDRESS)					DATE	TIME
[REDACTED] HOSPITAL					[REDACTED] 96	1150
INJURED OR BECAME ILL AT(ADDRESS)		CITY OR COUNTY	TYPE OF PREMISES	DATE	TIME	
[REDACTED] AND [REDACTED]		[REDACTED]	INTERSECTION	[REDACTED] 96	0927	
LOCATION OF DEATH (ADDRESS OR NAME OF INSTITUTION)		CITY OR COUNTY	TYPE OF PREMISES	DATE	TIME	
[REDACTED] HOSPITAL		[REDACTED]	HOSPITAL	[REDACTED] 96	1145	
BODY VIEWED BY MEDICAL EXAMINER AT (ADDRESS)		CITY OR COUNTY	TYPE OF PREMISES	DATE	TIME	
[REDACTED]		[REDACTED]	OFFICE	[REDACTED] 96		
DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATIONS	NOSE	MOUTH	EARS
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input type="checkbox"/>	Color <u>DK PUR</u>	Clothed <input type="checkbox"/> Unclothed <input checked="" type="checkbox"/>	BLOOD	<input checked="" type="checkbox"/>	LEFT
	Neck <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Anterior <input type="checkbox"/>	Partly Clothed <input type="checkbox"/> Hair <u>DK</u>	FROTH		
	Arms <input type="checkbox"/> Passed <input type="checkbox"/>	Posterior <input checked="" type="checkbox"/>	Beard _____ Mustache _____	OTHER (Sand, dirt, water, etc.)		
	Legs <input type="checkbox"/> Decomposed <input type="checkbox"/>	Lateral <input type="checkbox"/>	Circumcised <input checked="" type="checkbox"/> Eyes: Color <u>BWN</u>			
Significant observations and injury documentation—(Please use space below)		Regional _____	Pupils: Opacities, Etc. <u>R 4 L 4 NO PERCHIAE</u>	(cm) LENGTH <u>46"</u>	(kg) WEIGHT <u>162</u>	BODY HEAT: <u>Cool</u>
<p>EASILY PALPABLE ① PARIETAL SKULL FRACTURE - OVERLYING SKIN INTACT. FX DEPRESSED. MULTIPLE MEDICAL INTERVENTIONS - SEE CME 1B6. HOSP CHART REVIEWED.</p>						
Probable cause of death:		Manner of death: (Check one only)		Case disposition:		
HEAD INJURY		Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>		Autopsy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Authorized by _____ Pathologist _____ Not a medical examiner case <input type="checkbox"/>		
MEDICAL EXAMINER Name, Address and Telephone No.		I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge and belief.				
[REDACTED] M.D. [REDACTED] OKLA [REDACTED]		[REDACTED]				
County of Appointment		Date	Signature of Medical Examiner			
[REDACTED]		[REDACTED] 96	[REDACTED]			

FULL BODY MALE.— ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



Name [REDACTED]

162

Case No. [REDACTED]

CME-1B6 (Series 1978)

5 w m

46"

Date [REDACTED] 96

██████████ INVESTIGATIONS
OFFICE OF THE ██████████ EXAMINER
██████████
██████████ Oklahoma ██████████

REPORT OF LABORATORY ANALYSIS

NAME: ██████████

MATERIAL SUBMITTED:

Vitreous, Hospital Specimen

LABORATORY NO. ██████████

DATE RECEIVED: ██████████, 1996

CASE NO.: ██████████

SUBMITTED BY: ██████████

MEDICAL EXAMINER: ██████████

RESULTS:

OFFICE USE ONLY

Re: ██████████

Co: ██████████

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

NO TOXICOLOGICAL ANALYSIS REQUESTED.

██████████ 1996
DATE

██████████ Ph.D. ██████████

Please Note: Unless notified in writing to the contrary, the specimen(s) submitted in this case will be discarded at the end of 60 days.

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE LEFT REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9622

3. Vehicle Number

01

4. Occupant Number

03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

07

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

135

Code actual height to the nearest
centimeter.

(999) Unknown

53 inches X 2.54 = 134.62 centimeters

8. Occupant's Weight

024

Code actual weight to the nearest
kilogram.

(999) Unknown

54 pounds X .4536 = 24.49 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

21

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

2

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

3

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

(2) In full up position

(3) In mid position

(4) In full down position

(5) Position unknown

(9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE**28. Police Reported Belt Use**

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):
☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION**30. Frontal Air Bag System**

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure?

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +

Delta V For Air Bag

Deployment Impact - 000

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

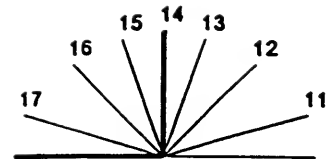
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 03
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

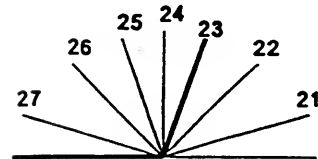
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

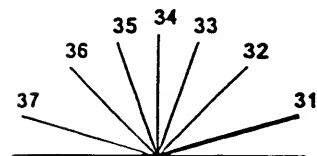
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 04

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 15

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE LEFT REAR PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9622</u>	4. Occupant Number	<u>03</u>

INJURY DATA											
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
Avulsive-laceration	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	8. <u>08</u>	9. <u>02</u>	10. <u>1</u>	11. <u>7</u>	12. <u>151</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
(R) eyebrow											
Contusion	16. <u>3</u>	17. <u>2</u>	18. <u>9</u>	19. <u>74</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>151</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
(R) orbit											
Abrasion	27. <u>3</u>	28. <u>2</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>8</u>	34. <u>151</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
upper lip											
Abrasion	38. <u>3</u>	39. <u>8</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>151</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
(R) lower leg											
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	—	—	—	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	—	—	— — — —	—	—	— — —
—										
22nd	—	—	—	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>	Abbreviated Injury Scale	
	(02) Skin - Abrasion		
(1) Whole Area	(04) Skin - Contusion	(1) Minor Injury	
(2) Vessels	(06) Skin - Laceration	(2) Moderate Injury	
(3) Nerves	(08) Skin - Avulsion	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(10) Amputation	(4) Severe Injury	
(5) Skeletal (includes joints)	(20) Burn	(5) Critical Injury	
(6) Head - LOC	(30) Crush	(6) Maximum (untreatable)	
(9) Skin	(40) Degloving	(7) Injured, unknown severity	
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

— No

✓ Yes (NN, HP)

Blood Alcohol Level
(mg/dl)

BAL = —

Glasgow Coma
Scale ScoreGCSS = 15
(TA, HP)Units of Blood
Given

Units = —

Arterial Blood Gases

pH = —

PO₂ = —PCO₂ = —HCO₃ = —Weight: 50
pounds (HP)

7 year-old caucasian male (HP)

- Back seat restrained passenger (NN, HP)
- Back seat passenger (TA)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Vehicle sideslap other car on this passenger's side (HP)

c/o head pain (TA, HP)
c/o head laceration (NN, TA)
Contusion (R) orbit (TA)

Laceration 3cm, above (R) eyebrow (TA)

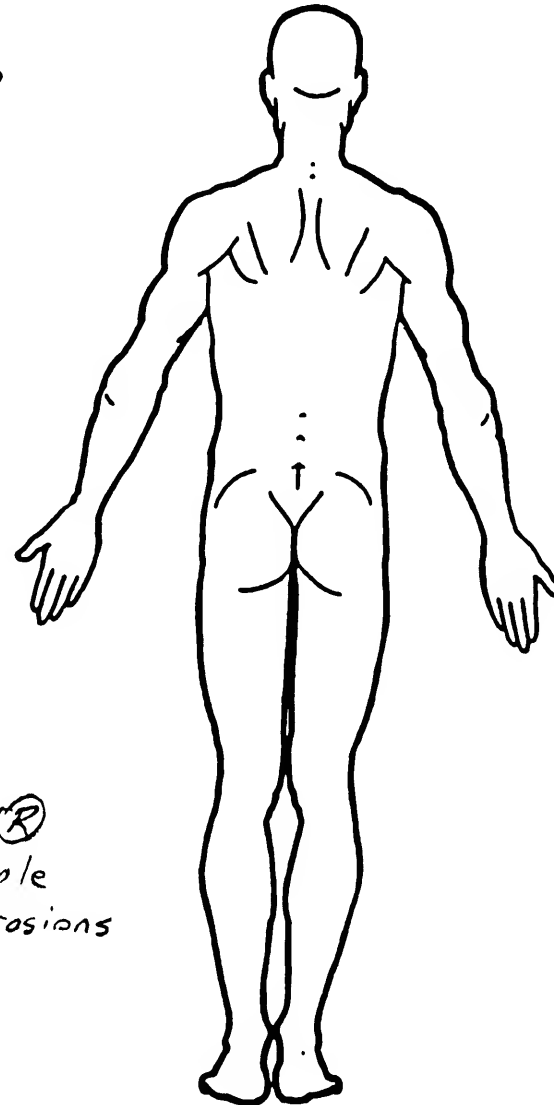
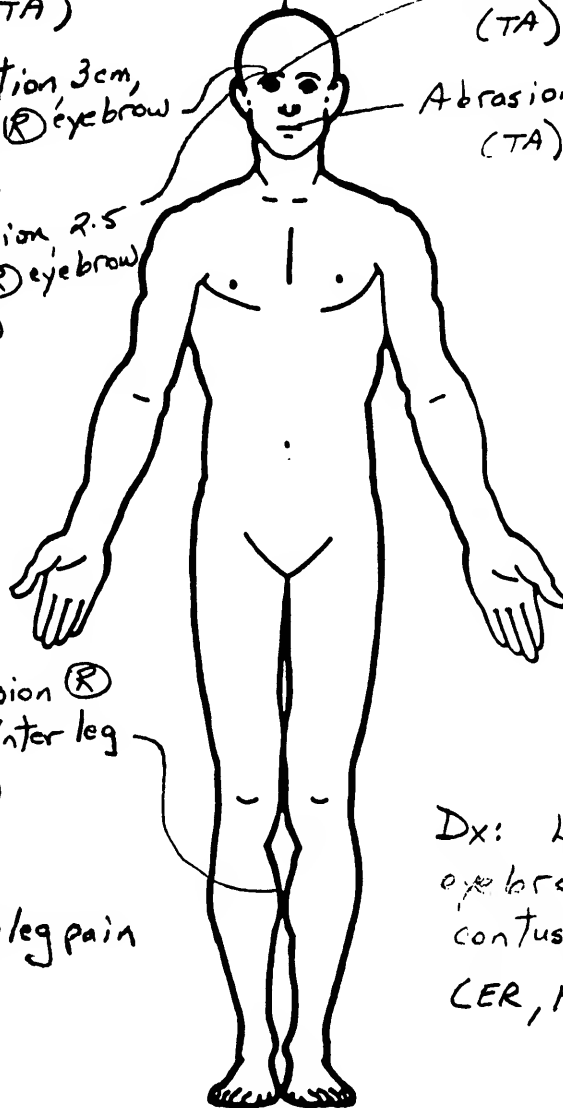
- Avulsion 2.5 cm, (R) eyebrow (HP)

Abrasion upper lip (TA)

- Abrasion (R) lower inter leg (TA)

c/o (R) leg pain (HP)

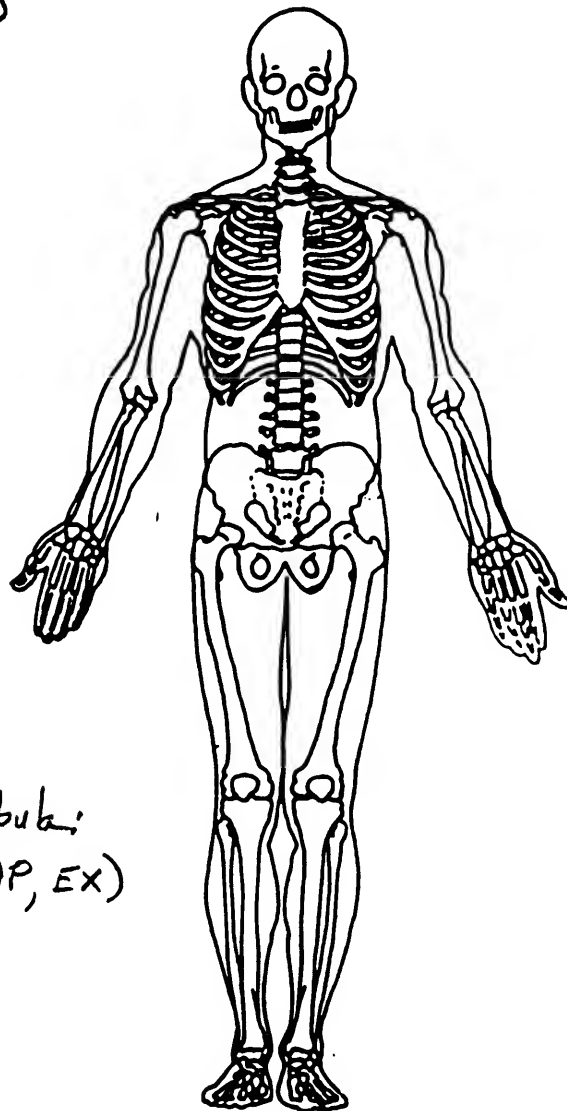
Dx: Laceration (R) eyebrow, multiple contusions + abrasions (LER, HP)



OFFICIAL INJURY DATA — SKELETAL INJURIES

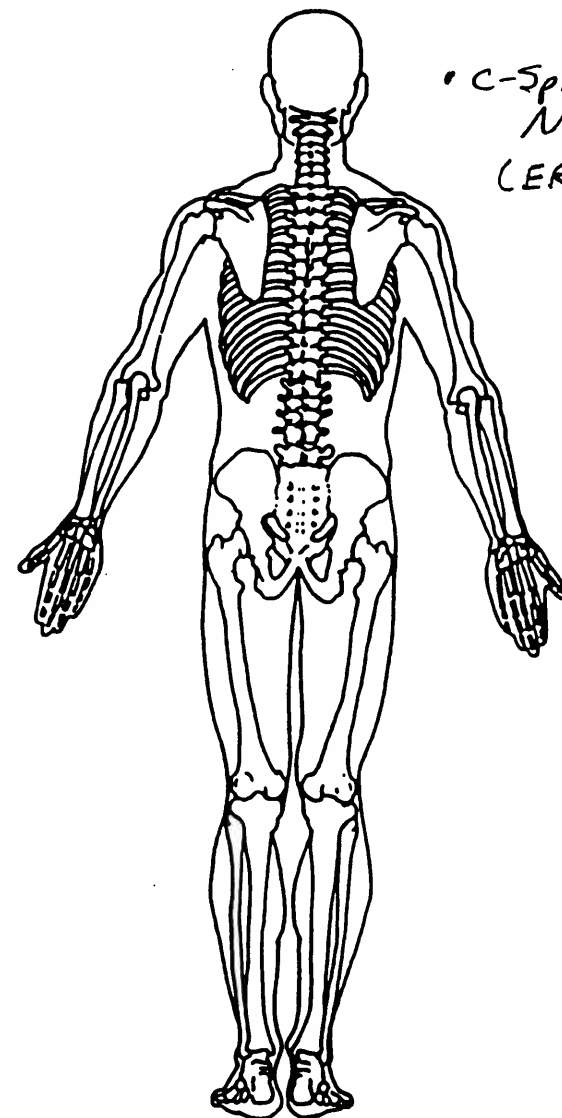
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

CT Head: Normal
(ER, HP, EX)



• (R) Tibia-Fibula:
Normal (ER, HP, EX)

• C-Spine:
Normal
(ER, HP, EX)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____

(019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts. (specify): _____
- (409) Additional or relocated switches. (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

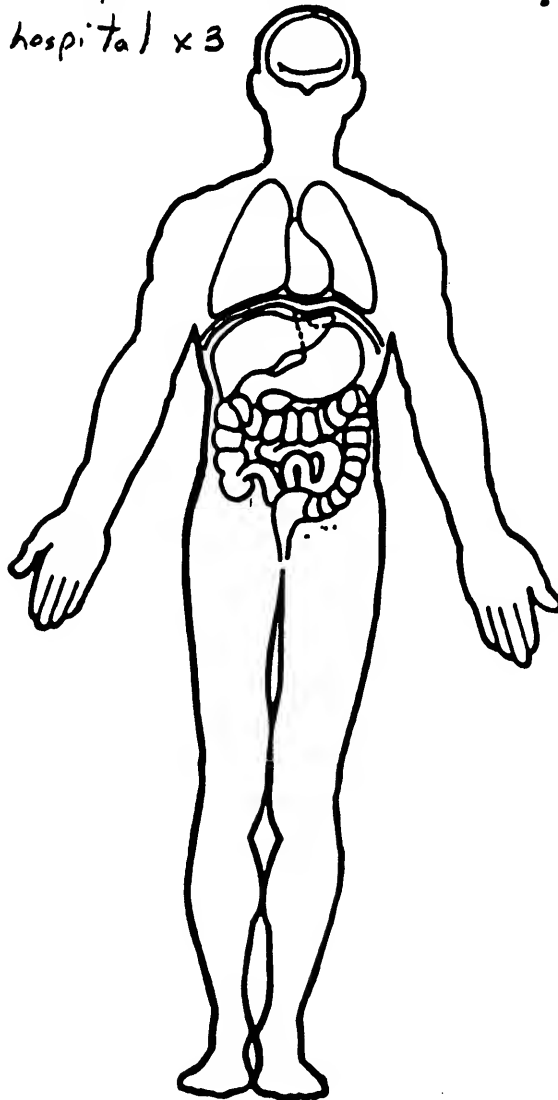
NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

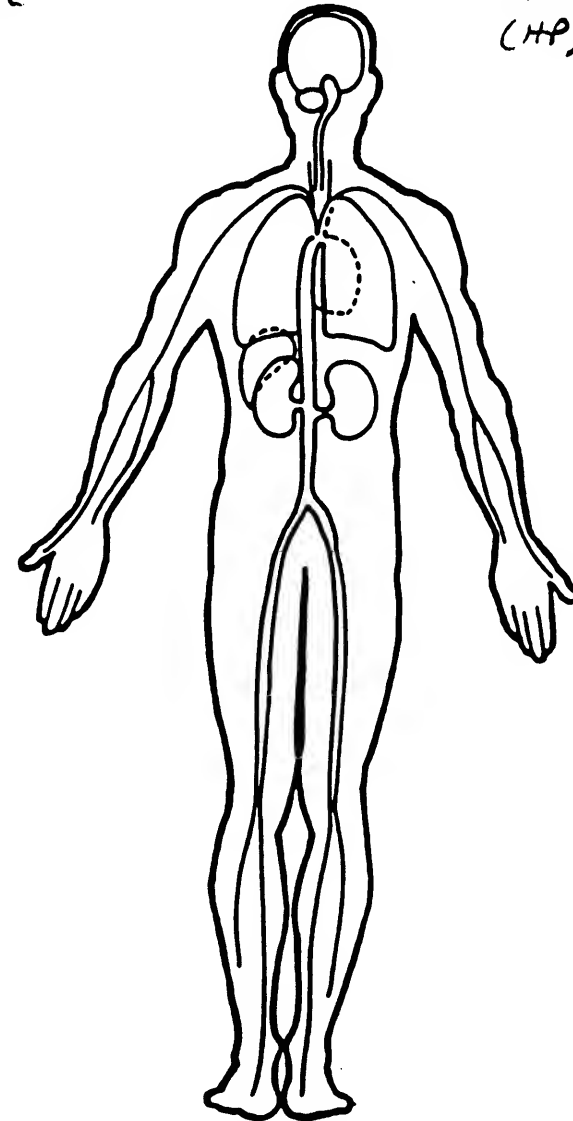
- Vomiting x1 enroute (NN)
- (reported sick prior to crash)
- Emesis @ hospital x3 (NN, HP)



- CN II—XII are grossly intact (HP)

φ LOC (NN, TA)

- Alert + oriented (HP)



CAUSE OF DEATH

ICD-9-CM

873.42

924.8

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

REGISTRATION

ONE SOUTH
OKLAHOMA

1 MEDICAL RECORD NO

000000

2 BILLING NO

3 A/R NO

EMER

VISIT INFORMATION

4 CLASS

ED

5 DATE

96

6 TIME

11:01

7 SRC

07

8 TYPE

E

9 S/D

10 PATIENT'S LEGAL NAME (L, F, M)

11 SEX

M

12 RACE

W

13 BIRTHDATE

1988

14 AGE

007

15 HEIGHT

16 WEIGHT

17 SS

S

18 MS

S

19

20 PRIOR
STAY

21 PATIENT'S LEGAL ADDRESS

CITY/STATE

ZIP

22 TELE

NV

23 ES 24 PATIENT'S EMPLOYER

N

25 EMPLOYER ADDRESS

26 TELE

27 SOCIAL SECURITY NO

28 EMPLOYEE I.D.

29 LOE

30 OCCUPATION

31

32 LOR

33 COUNTY
CODE

34 COUNTY

35 PR 36 RESPONSIBLE PARTY

M

1781

37 RESPONSIBLE PARTY'S ADDRESS

CITY/STATE

ZIP

38 TELE

NV

39 ES 40 RESPONSIBLE PARTY'S EMPLOYER

F

41 EMPLOYER ADDRESS

CITY/STATE

42 TELE

43 SOCIAL SECURITY NO

44 EMPLOYEE I.D.

45 LOE

46 OCCUPATION

47

48 LOR

49 COUNTY
CODE

50 COUNTY *

51 PR 52 OTHER PARTY

SF

1788

53 OTHER PARTY'S ADDRESS

CITY/STATE

ZIP

54 TELE

NV

55 ES 56 OTHER PARTY'S EMPLOYER

N

57 EMPLOYER ADDRESS

CITY/STATE

58 TELE

59 SOCIAL SECURITY NO

60 EMPLOYEE I.D.

61 LOE

62 OCCUPATION

63

64 LOR

65 COUNTY
CODE

66 COUNTY

67 INS CODE

68 SP

69 PAYER

01

70

01

CITY/STATE

ZIP

71

71 INSURED

72 REL
INFO

Y

73 ASG
BEN

Y

74 SP PROG

75 CONDITIONS

76 CD

77 FROM

78 THROUGH

79 CERTIFICATE (SSN) HIC ID NO

80 GROUP NAME

01

81 INSURANCE GROUP NO

82 TREATMENT AUTH

83 COVERAGE

87 INS CODE

88 SP

89 PAYER

90

01

CITY/STATE

ZIP

91 INSURED

92 REL
INFO

Y

93 ASG
BEN

Y

94 SP PROG

95 CONDITIONS

96 CD

97 FROM

98 THROUGH

99 CERTIFICATE (SSN) HIC ID NO

100 GROUP NAME

01

101 INSURANCE GROUP NO

102 TREATMENT AUTH

103 COVERAGE

107 INS CODE

108 SP

109 PAYER

110

01

CITY/STATE

ZIP

111 INSURED

112 REL
INFO

Y

113 ASG
BEN

Y

114 SP PROG

115 CONDITIONS

116 CD

117 FROM

118 THROUGH

119 CERTIFICATE (SSN) HIC ID NO

120 GROUP NAME

01

121 INSURANCE GROUP NO

122 TREATMENT AUTH

123 COVERAGE

124 PR 125 NOTIFY IN EMERGENCY

126 HOME
TELE127 WORK
TELE

128 HOW PATIENT ARRIVED

129 COMPLAINT NO

MVA

130 PROC. CD

131 PROCEDURE

OUTPATIENT SURGERY INFORMATION

132 LOC

00:00

133 ANES

ACCIDENT

01 AUTOMOBILI

96

00:00

134 TYPE

96

101
MIL
REL102
EMP
REL

ONSET OF ILLNESS

104 PHYSICIAN CALLED

DR

105 ATTENDING PHYSICIAN

106 FAMILY PHYSICIAN

107

SPECIAL CATEGORIES

DEMOGRAPHIC CD

114 REV CAT

115 BASE

116 OP INS

117 EST CHGS

000000

118 VAL

119 BY

REG DATE: [REDACTED]-96
under Record
REG TIME: 11:01

ER

Nursing Intervention

VITAL SIGNS: ○ — P: BP: ○ — P: BP: ○ — P: BP:								
TIME	TEMP	PULSE	RESP	BP	RHYTHM	O2 FLOW RATE	O2 SAT	FSB9
1020	98.4	108	20	110/74	—	O2 2L		
125	98.6	92	20	108/74				
1255	98.7	104	24	104/74				

☐ Cardiac Monitor ☐ Dinamapp ☐ Pulse Ox

Medication Orders	DOSE	ROUTE	SITE	TIME	INIT	Patient Outcome	SR 1 X2	TIME	INIT
TACH	5cc	top to	100	1210	105				
Tylenol	2 tsp	po	—	520	105				
Phenergan 12.5mg x 1	supp	TTT	by Dr. Walker						

IV	Solution / Amount / Additive	Rate	IV start pak x primary tubing x micro x secondary x pump x exten. tubing x buretrol x blood tubing x male adapter x
Time			IV started c ga. Jelco in on attempt c rtn. prep
			IV started c ga. Jelco in on attempt c rtn. prep
			HL IV started c ga. Jelco in on attempt c rtn. prep

SPLINTS / TREATMENTS / DRESSINGS				OUTPUT			
TIME	*OCL	Splint applied to	c	Ace wrap	PNG intact	Circ intact	INIT.
1020		to wound					
1255		4+4					
1255		Wound Prep Suture X Gloves X Special Suture tray					
		Disposable Plastic Extra Instruments: PPEX					

NG TUBE: Size: Time: Initials: FOLEY: Size: Time: Initials: STR. CATH: Size: Time: Initials:

NARRATIVE: EMTA stretcher → EMT# 5 & 40 head PK 9/p MVA (Back Seat
 Restrainted Messenger) @ LOC. Vomiting x 1 enroute (pt reported sick
 this AM & breakfast & MVA. P/B 1035 Talked & Children's regarding condition
 of brother who was in same accident. Call transferred to father who talks &
 Chaplin. 1045 EPD here to take dad to Children's. P/B 1046 pt to Xray
 via stretcher. P/B 1125 Returns from Xray. P/B 1135 wounds cleaned & Soap / H2O -
 ice to @ Orbet. Aunt / uncle with pt. P/B 1210 Visits & mom bedside. P/B 1200 can of
 Gatorade / ice to pt. P/B 1430 gm green emesis in guest room.

DISPOSITION: <input type="checkbox"/> Admitted <input type="checkbox"/> Expired <input checked="" type="checkbox"/> Discharged <input type="checkbox"/> Left AMA	Time: 1403 Doctor: _____ Report to: _____ CONDITION: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Serious <input type="checkbox"/> Fair <input type="checkbox"/> Critical	TRANSPORT VIA: <input type="checkbox"/> Ambulance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Amb. w/ Assist. <input type="checkbox"/> Carried <input type="checkbox"/> Stretcher <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> O2 <input type="checkbox"/> Monitor <input type="checkbox"/> IV	ACCOMPANIED: <input type="checkbox"/> Self & Family <input type="checkbox"/> EDT <input type="checkbox"/> Other <input type="checkbox"/> RN/LPN	INSTRUCTION SHEET GIVEN Patient / Family Verbalizes Understanding of: <input checked="" type="checkbox"/> Instructions <input checked="" type="checkbox"/> Medicines Support Sys. Appears to Meet ADL Y N
<input type="checkbox"/> TRANSFERRED <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OBRA TRANS. FORM COMPLETE <input type="checkbox"/> ADV. DIRECTIVE? Y N FORMS FURNISHED? Y N				
NOTIFIED & TIME <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Funeral Home <input type="checkbox"/> ME <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other				
<input type="checkbox"/> SEE LONG NURSE'S NOTES				
SIGNATURE				INIT.

NN

79

Nursing Assessment
OBRA Screening / Triage Assessment

TRIAGE

Date:

Arrival Time: 1020

Triage Time: 1020

Initial:

1. I acknowledge that I have been told of the hospital's obligation for screening and emergency medical treatment.

2. I have consented to treatment or examination.

3. I have refused to consent to treatment or examination or both against the advice of the attending physician. I acknowledge that I have been informed of the risks and benefits involved and hereby release the attending physician and hospital from all responsibility for any ill effects that may result from my refusal to consent to treatment or examination.

Patient/Responsible Party (note relationship): (Uom)

Witness to Signature / Triage Nurse:

Arrived by: ☒ Ambulance ☐ Walk ☐ Self ☐ Friend ☐ W/C ☐ Carnod ☒ Family ☐ Police

Accompanied by: ☐ None ☒ Spinal Immobilization ☐ Oxygen ☐ Pressure ☐ Elevation ☐ Ice

Medical History: ☐ Respiratory ☐ Hypertension ☐ Seizures ☐ Cardiac ☐ Diabetes ☐ Pregnant wks. Other:

Chief Complaint / Nursing History: 4 hrs head
hit 90 mva back seat passenger
LOC

Family Doctor: ☐ None

Triage Interventions: ☐ Elevate ☐ Ice ☐ Lab ☒ X-ray ☐ Immobilization ☐ Other: to eye

☒ Emergent ☐ Urgent ☐ Non-Urgent

GLASGOW COMA SCALE

eyes (4-1)	<u>4</u>
verbal (5-1)	<u>5</u>
motor (6-1)	<u>6</u>

NEUROLOGICAL: ☐ deferred ☐ alert ☐ oriented ☐ confused ☒ arousable ☐ non-arousable

Pupils: ☒ PERLA ☐ R ☐ L - Brisk ☐ R ☐ L - Sluggish ☐ R ☐ L - Fixed

Speech: ☒ Clear ☐ Slurred ☐ Silent Motor: ☒ MAE ☐ Grips equal ☐ R ☐ L - Weakness ☐ Generalized

NURSING DIAGNOSIS: Communication impaired Mobility impaired Goal:

RESPIRATORY: ☐ deferred ☒ airway patent ☒ normal effort ☐ obstructed ☐ labored ☐ shallow ☐ retracted

Breath Sounds: ☒ clear ☐ wheezes ☐ rales ☐ ronchi

NURSING DIAGNOSIS: Resp. function, alteration in Goal:

CARDIOVASCULAR: ☐ deferred Color: ☐ pink ☐ flushed ☐ pale ☐ mottled ☐ cyanotic - ☐ nailbeds ☐ circumoral ☐ jaundiced

Heart Sounds: ☒ distinct ☐ reg. ☐ diminished ☐ irreg. ☐ deferred Edema: ☐ Absent Present - ☐ pedal ☐ pitting ☐ sacral

Pulses: ☐ R ☐ L - radial ☐ R ☐ L - pedal ☐ equal Capillary Refill: ☐ < 3 seconds ☐ > 3 seconds

NURSING DIAGNOSIS: Cardiac output, decreased Fluid volume, alt. in Tissue perfusion, alt. in Goal:

ABDOMEN: ☐ deferred ☒ soft ☐ non-tender ☐ rigid ☐ tender ☐ guarding ☐ distended last BM

Bowel sounds: ☐ active ☐ hypoactive ☐ hyperactive ☐ diminished

NURSING DIAGNOSIS: Bowel function, alt. In Goal:

GENITOURINARY: ☒ no C/O ☐ dysuria ☐ frequency ☐ retention ☐ hematuria ☐ CVA tenderness ☐ discharge/bleeding

NURSING DIAGNOSIS: Urinary elimination, alt. in Goal:

INTEGUMENTARY:

Temperature: ☒ warm ☐ hot ☐ cool ☐ cold Moisture: ☐ normal ☐ dry ☐ diaphoretic Tumor: ☐ normal ☐ decreased

Wound / Burn appearance: abrasion upper lip / bruise on lower leg / open bleeding on upper arm

NURSING DIAGNOSIS: Skin integrity, impaired Infection potential Hyperthermia Goal: Repaired Skin

EXTREMITIES: ☒ no obvious deformities ☐ contractures ☐ not in anatomical alignment ☐ deferred

NURSING DIAGNOSIS: Goal:

PAIN: ☐ no C/O ☐ where head onset quality ☐ radiates ☐ rate on 1-5 scale

NURSING DIAGNOSIS: Comfort, alteration in Anxiety Goal: Uran

PSYCHOSOCIAL:

PERTINENT MEDICAL / SURGICAL HISTORY:

OTHER: abrasion upper lip / contusion @ orbit

HIGH-RISK INDICATORS	SAFETY	PERSONAL EFFECTS (Number)
<input checked="" type="checkbox"/> Dependent in ADL <input type="checkbox"/> Handicapped <input type="checkbox"/> Injury Causing Change in Lifestyle <input type="checkbox"/> Address Outside Metropolitan OKC <input type="checkbox"/> Repeat ED visit within 30 Days <input type="checkbox"/> Concern Over Inadequate Financial Resources <input type="checkbox"/> Age 80 or over <input type="checkbox"/> Unable to Understand/Read English <input type="checkbox"/> History of Non-Compliance	<input type="checkbox"/> History of Falls <input type="checkbox"/> Confusion <input type="checkbox"/> Age 65 or Older <input type="checkbox"/> Need Ambulatory Device <input type="checkbox"/> Siderails <input type="checkbox"/> Restraints <input type="checkbox"/> Family Present <u>parents</u> <input type="checkbox"/> Arm Band	VALUABLES <input type="checkbox"/> Medicines <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Walker/Cane <input type="checkbox"/> Dentures <input type="checkbox"/> Jewelry <input type="checkbox"/> Clothing <input type="checkbox"/> Glasses/Cont <input type="checkbox"/> Purse/Wallet DISPOSITION 1. With Patient 2. Given to Family 3. Sent to Floor 4. Valuable Envelope 5. Other Describe: <u> </u>
<input type="checkbox"/> See Long Nurse's Notes		

Signature of Nurse

TA

EMERGENCY ROOM REPORT

Patient Name: [REDACTED], [REDACTED] Date of Birth: [REDACTED]/88
Patient Number: [REDACTED] Date of Service: [REDACTED]/96
Dictating Physician: [REDACTED]

CHIEF COMPLAINT: This seven-year-old male comes in by EMSA, having been involved in a motor vehicle accident, complaining of some head pain and some right leg pain.

HISTORY OF PRESENT ILLNESS: The patient was a passenger in a back seat, belted, when the car in which he was riding, driven by his father, broadsided another car crossing an intersection. On secondary impact, his side of the car hit against the other car causing quite a bit of damage on his side of the car.

ALLERGIES: NONE.

CURRENT MEDICATIONS: None.

IMMUNIZATION STATUS: Current.

FAMILY/SOCIAL HISTORY: The patient is single, accompanied by mom and dad. It is noteworthy that his younger brother was med-flighted [REDACTED] in very critical condition and did expire at [REDACTED].

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 98.8, pulse 108, respirations 20, blood pressure 110/80. Weight 50 pounds.

GENERAL: This seven-year-old Caucasian male is alert and oriented at the time of history and physical.

HEENT: Pupils are equal and reactive to light. Extraocular movements are intact. The patient denies any neck pain. The patient has good range of motion of the neck. Neck range of motion was done after critical neck x-rays were obtained.

HEART: Rate and rhythm are regular.

LUNGS: Clear

ABDOMEN: Soft.

NEUROLOGICAL: Cranial nerves II-XII are grossly intact.

MEDICAL DECISION MAKING
ER COURSE:

ER COURSE: X-rays of the right tibia, fibula and cervical spine and CT of the head were done. CT of the head was done because patient was very lethargic while being evaluated. Even though he denied any problems, he would still kind of doze off. In view of the severe trauma to his brother, we did go ahead and CT his head, and CT was negative. The patient remained very stable. X-rays were read as negative. There was about

HP

EMERGENCY ROOM REPORT

Patient Name: [REDACTED]

Dictating Physician: [REDACTED], DO

Page 2

a 2.5 cm laceration of the right eyebrow, which was more of an avulsion. We were able to pull the skin back without any problem, and no subcutaneous stitches were necessary. The area was cleansed with Hibiclens and anesthetized with about 2 cc of 1% Xylocaine with epinephrine and closed well with 7-0 nylon, without incident. The patient was rechecked neurologically a couple of times, and patient remained neurologically intact. The patient was able to get up and walk after suturing. Mom was allowed to come in there and talk to him as well. The patient was given a tack to the area prior to suturing as well as a local anesthetic. The patient was given Tylenol and also Phenergan. The patient did throw up about three times while in the emergency department. Mom said that he had been having some nausea and vomiting this a.m. prior to the accident. Therefore, I am not sure if this is secondary to a concussion or if this is secondary to a viral bug. However, we did discuss concussions with mom and dad.

ASSESSMENT:

Laceration, right eyebrow. Multiple contusions and abrasions.

PLAN:

Ice. Wound care instructions. Head trauma instructions. Suture removal in five days. If the child does not act right or has any further problems or continues his nausea and vomiting, he is to be re-evaluated tonight. Mom and dad as well as multiple other relatives who did come in from Tulsa, Cushing and Enid prior to the patient's release state that they understand these instructions and will comply.

Handwritten signature and illegible text, possibly a date or time, located at the bottom right of the page.

BW/177A0-207

D: [REDACTED]/96 1831

T: [REDACTED]/96 0042

J: 3167

REGIONAL

MEDICAL CENTER

- Oklahoma

X-RAY REPORT

PATIENT'S NAME	SEX	AGE	ROOM NO	X-RAY NO
	M	7	ER	
ATTENDING PHYSICIAN				DATE
				96

CLINICAL HISTORY: Automobile accident.

CERVICAL SPINE, CROSS TABLE LATERAL, AP, OBLIQUES, ODONTOID VIEWS

The vertebral body heights and interspaces are maintained with normal alignment. The neuroforamina, posterior elements, air passages and soft tissues are normal. No fracture or destructive lesions are noted.

IMPRESSION:

Normal cervical spine.

RIGHT TIBIA AND FIBULA AP AND LATERAL VIEWS

The bones, joints and soft tissues are normal.

IMPRESSION:

Normal right tibia and fibula.

CT OF THE HEAD

Multiple axial tomograms from base to vertex were obtained. Contrast was not used. The midline structures and ventricular system are normal. No evidence of hemorrhage, mass lesions or abnormal areas of attenuation is noted.

IMPRESSION:

Normal CT of the head.

MD

PM/177B0-265/3126

Dict : 7/96

Tran : 7/96

11:14am

GENERAL CARE

The Emergency Department physician has examined and treated you on an emergency basis and feels that your problem can be treated on an outpatient basis at this time.

It is important that you read and follow the discharge instructions that you have been given and arrange for an appointment with the recommended facility or physician as directed.

1. If you were given a prescription, please have it filled as soon as possible and follow the label instructions. If you were prescribed medication for pain and sedation or muscle relaxants, do not drive or

operate dangerous machinery as they may cause drowsiness. Do not drink alcohol.

2. If you had x-rays, they received a reading by the Emergency Physician on duty. The Radiologist will make the final interpretation and you may call the following afternoon for a final report.

3. If you had a culture taken, call back in 72 hours for the results.

4. If your problem continues, we recommend that you be re-examined by your family doctor, or return to the Emergency Department.

ADDITIONAL INFORMATION GIVEN

- ☒ Head Injury
- ☐ Laceration Care
- ☐ Fever (Children and Adult)
- ☐ Back & Neck Sprains
- ☒ Vomiting and Diarrhea
- ☒ Wound Care/Burn Care/Animal or Human Bites/Puncture Wound
- ☐ Urinary Tract Infection
- ☐ Eye Injury
- ☐ Sprains & Strains
- ☐ Splint & Cast Care
- ☐ Other: _____

☒ It is your responsibility to see _____ or the physician of your choice for follow-up care.

Additional Instructions:

Ice 20 min on / 2 hrs off x 48 hrs

Medications:

1. ANTACIDS: Take _____ a day and at bedtime.
2. ANTIBIOTICS: Take _____ a day.
3. ANTI-INFLAMMATORY: Take _____
(how often) _____. Take medicine with food.
4. COUGH MEDICINE: Take _____
(how often) _____. Some cough medicine may _____ or may not _____ cause drowsiness.
5. DECONGESTANT: Take _____
(how often) _____ as needed for congestion.
6. MUSCLE RELAXANT: Take _____
(how often) _____. This medicine may make you drowsy. DO NOT drink alcohol, drive, or operate machinery while taking this medicine.
7. PAIN: Take _____
(how often) _____. This medication may cause drowsiness. DO NOT drink alcohol, drive or operate machinery when taking it.

SPECIAL MEDICATION INSTRUCTIONS:

Suture removal in 5 days

Nurse
Signature _____

Patient
Signature _____

By signing, I certify that I have received and understand my treatment and instruction for follow-up care.

NOTICE TO EMERGENCY PATIENTS - FOR YOUR INFORMATION

You will receive a separate bill from the Emergency Physician for his/her component of services rendered during your visit to the Emergency Room.

If you obtained an x-ray during your stay, you will also receive a bill from the Radiologist for final x-ray interpretation.

The hospital will bill you for all non-physician components of your emergency care. Any estimate of your bill quoted at the time of service does not include the physician's portion of your financial obligation.

Thank you for choosing _____ for your emergency needs.

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE CENTER REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9622

3. Vehicle Number

01

4. Occupant Number

04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

34

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

165

Code actual height to the nearest
centimeter.

(999) Unknown

65 inches X 2.54 = 165 centimeters

8. Occupant's Weight

054

Code actual weight to the nearest
kilogram.

(999) Unknown

120 pounds X .4536 = 54 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

22

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility3

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>3</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p> <p>19. Manual (Active) Belt System Use <u>0 0</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p> <p>20. Proper Use of Manual (Active) Belts <u>0</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p> <p>21. Manual (Active) Belt Failure Modes During Accident <u>0</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>0</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p> <p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>
--	---

POLICE REPORTED RESTRAINT USE**28. Police Reported Belt Use**

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION**30. Frontal Air Bag System**

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure?

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact

+ 000
- 000

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 03
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

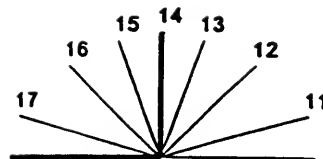
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

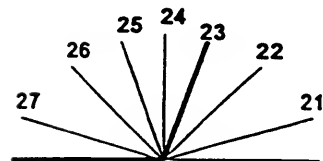
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

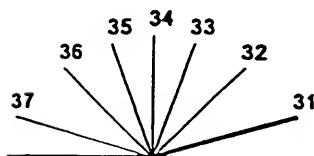
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 23

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death**00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death00**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant03

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score (at Medical Facility)**15

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE CENTER REAR PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9622</u>	4. Occupant Number	<u>04</u>

INJURY DATA											
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
Contusion (R) Knee	5. <u>3</u>	6. <u>8</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>151</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
Abrasions on 2nd both legs	16. <u>3</u>	17. <u>8</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>3</u>	23. <u>151</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
Abrasion (R) arm	27. <u>3</u>	28. <u>7</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>602</u>	35. <u>3</u>	36. <u>3</u>	37. <u>00</u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

.I.S. · 90

A.I.S. - 90											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
11th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
12th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
13th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
14th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
15th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
16th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
17th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
18th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
19th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
20th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
21st	—	—	—	— — —	—	—	— — — —	—	—	— — —	
22nd	—	—	—	— — —	—	—	— — — —	—	—	— — —	
23rd	—	—	—	— — —	—	—	— — — —	—	—	— — —	
24th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
25th	—	—	—	— — —	—	—	— — — —	—	—	— — —	

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

___ No
☒ Yes (NN)

Blood Alcohol Level (mg/dl)

BAL = ___

Glasgow Coma Scale Score

GCSS = 15
 (TA, HP)

Units of Blood Given

Units = ___

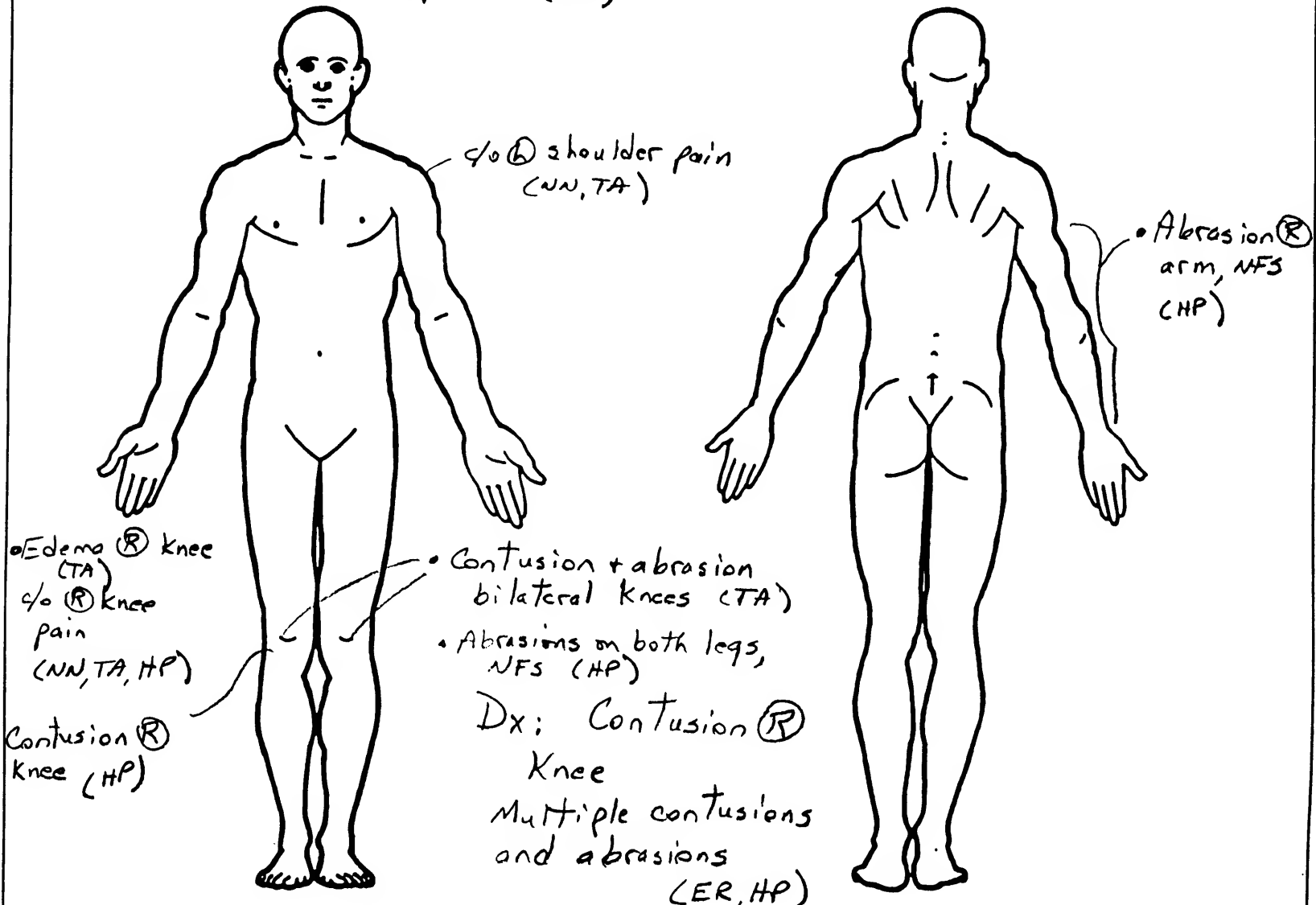
Arterial Blood Gases

pH = ___

PO₂ = ___PCO₂ = ___HCO₃ = ___

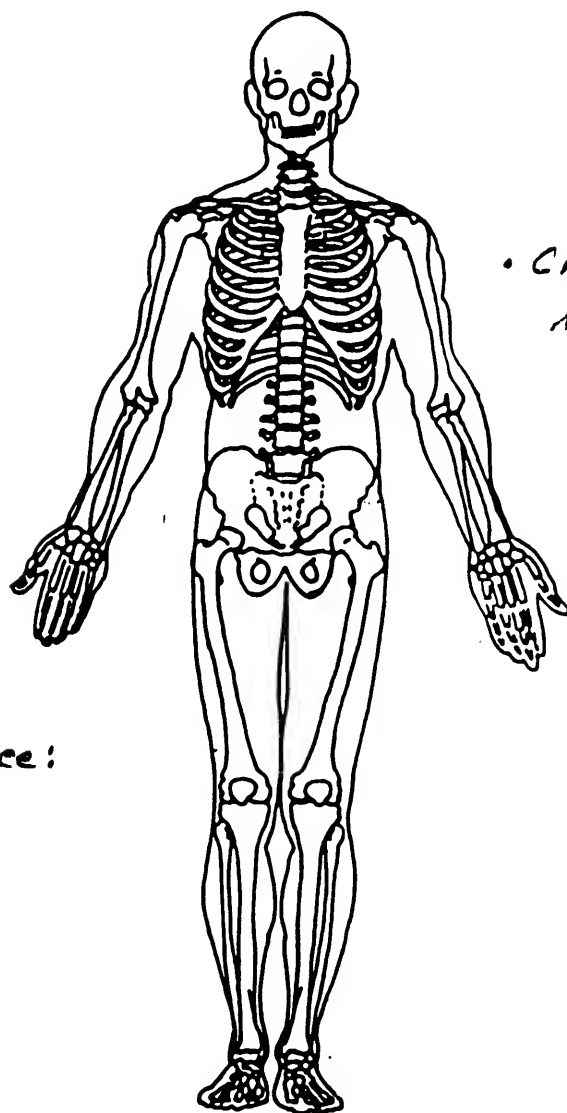
34 year-old
 Asian female
 (HP)

• Front seat passenger with her 3 year-old son in her lap in a car driven by her husband
 Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
 • Her 3 year-old son, who was in her lap, worked as a cushion for her and he was critically injured and was life-flighted to children's where he expired (HP)
 • Back seat passenger (NN)



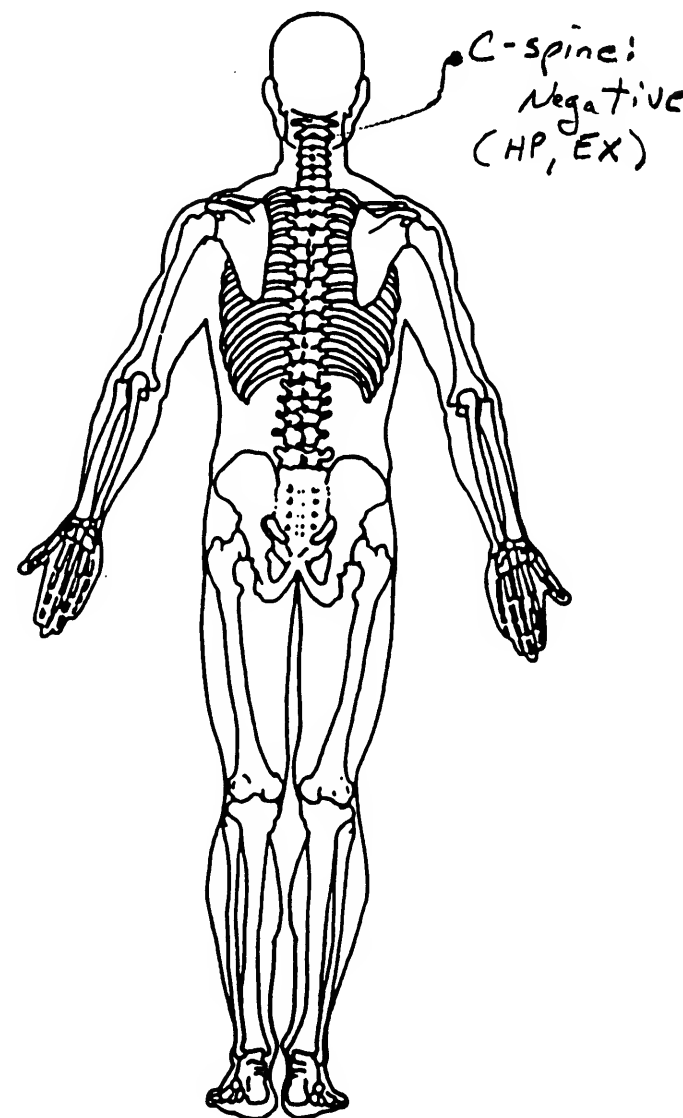
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



• X-ray[®] Knee:
negative
(HP, EX)

• Chest x-ray:
negative
(HP, EX)



• C-spine:
Negative
(HP, EX)

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

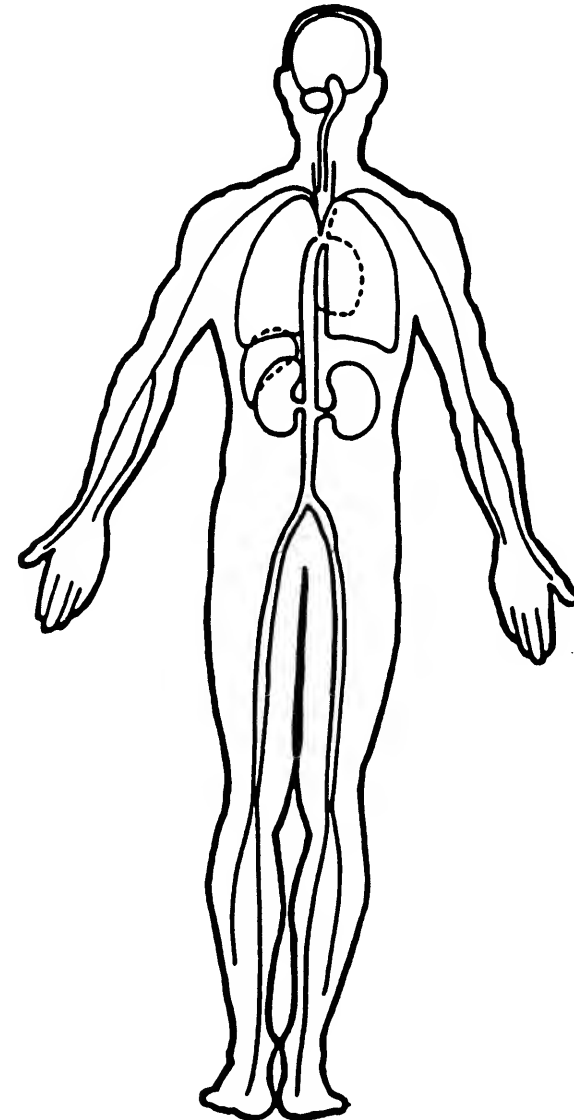
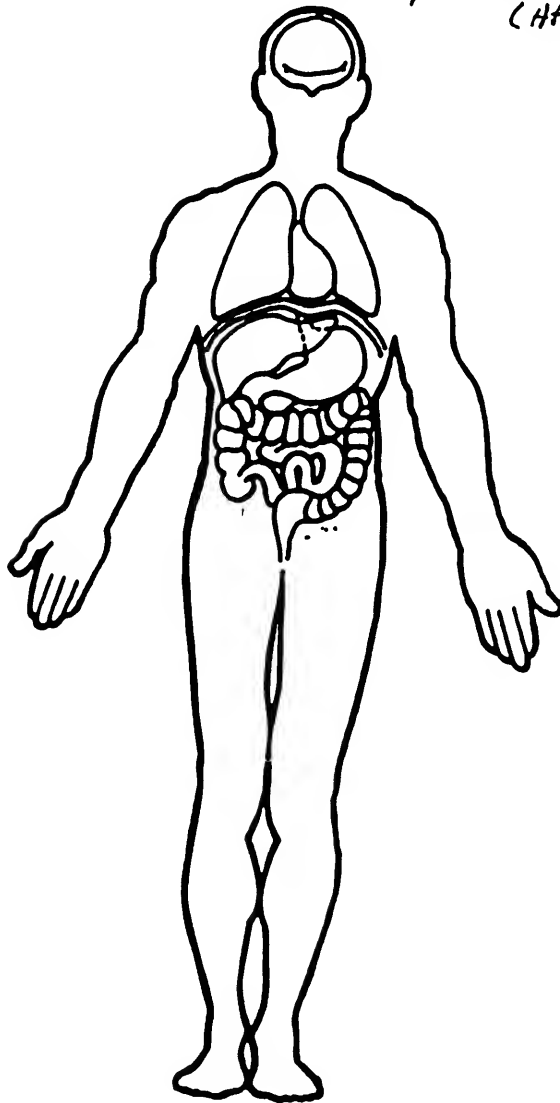
OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• C_{VI}-~~C_{XII}~~ are
grossly intact
(HP)

• LOC (NA, HP)

• Alert + oriented
(TA, HP)



CAUSE OF DEATH

ICD-9-CM

924.11 Contusion knee

924.8 Contusion multiple sites, not elsewhere classified

91.90 Microscopic examination of specimen

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

TA Triage Assessment

ED OR REGISTRATION

000000										EMER									
OKLAHOMA										VISIT INFORMATION									
ED 85										76 10:34 09									
11 SEX F 12 RACE W 13 BIRTHDATE 1961 14 AGE 034										15 HEIGHT 16 WEIGHT 17 SS 18 MS 19									
20 PRIOR STAY										ZIP									
21 PATIENT'S EMPLOYER										25 EMPLOYER ADDRESS									
27 SOCIAL SECURITY NO										28 EMPLOYEE I.D.									
29 LOE										30 OCCUPATION									
31										32 LOR									
33 COUNTY CODE										34 COUNTY									
35 RESPONSIBLE PARTY										36 RESPONSIBLE PARTY'S ADDRESS									
37										38									
39 RESPONSIBLE PARTY'S EMPLOYER										41 EMPLOYER ADDRESS									
42										43									
44 EMPLOYEE I.D.										45 LOE									
46 OCCUPATION										47									
48 LOR										49 COUNTY CODE									
50 COUNTY										51									
52 OTHER PARTY										53 OTHER PARTY'S ADDRESS									
54										55									
56 OTHER PARTY'S EMPLOYER										57 EMPLOYER ADDRESS									
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60 EMPLOYEE I.D.										61 LOE									
62 OCCUPATION										63									
64 LOR										65 COUNTY CODE									
66 COUNTY										67									
68 INS CODE										69 SP									
70 CLAIM PROCESSING ADDRESS										71									
72 REL INFO										73 ASG BEN									
74 SP PROG										75 CONDITIONS									
76 CD										77 FROM									
78 THROUGH										79									
80 GROUP NAME										81 INSURANCE GROUP NO									
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REG DATE: [REDACTED]-96
Hunter Record
REG TIME: 10:34

ER

Nursing Intervention

VITAL SIGNS: ○ — P: BP: Q P: BP: Q P: BP:								
TIME	TEMP	PULSE	RESP	BP	RHYTHM	O2 FLOW RATE	O2 SAT	FEBS
025	99	84	24	110/70				
140	99	84	20	98/60				
205	99	76	16	100/70				

☐ Cardiac Monitor ☐ Dinamapp ☐ Pulse Ox

Medication Orders				DOSE	ROUTE	SITE	TIME	INIT	Patient Outcome	SR	1 X2	TIME	INIT
ADT 6A81017 25 Jan 95				ASL	IM		1147						
listail				FLY	IM		1442						

IV	Solution / Amount / Additive	Rate	IV start pak x primary tubing x micro x secondary x pump x exten. tubing x buretrol x blood tubing x male adapter x
Turner			IV started c ga. Jelco in on attempt c rtn. prep
			IV started c ga. Jelco in on attempt c rtn. prep
			HL IV started c ga. Jelco in on attempt c rtn. prep

SPLINTS / TREATMENTS / DRESSINGS				OUTPUT					
TIME	*OCL	Splint applied to	*Ace wrap	PNG intact	Circ intact	INIT.	TYPE	AMOUNT	Source
4 th	ACE	to @ LML - circ - adg.					Urine	75 + 7 (WC - 7 B)	
							Emesis	NG	
							Other		

☐ Specimen sent to Lab
☐ Diagnostic tests and procedures have been explained to the patient

Wound Prep Suture X Gloves X Suture tray Disposable Plastic Extra Instruments: ☐ PPEX

NG TUBE: Size: Time: Initials: FOLEY: Size: Time: Initials: STR. CATH: Size: Time: Initials:

NARRATIVE: EMTA stricken - 7 PM 6:45 @ Kneel, @ Shoulder pain 5/10 NVA
 this AM. Pt was back seat passenger, restrained, DLOC, 1037
 Husband in car - told of serious condition of son who went to
 1045 ER here - driver husband to 1050 to x-ray / stretch
 1135 Returns to room. Relatives (brother in law) in room @ pt. P/B 1210 to Rm #5
 to be @ son. P/B 1230 Message left for [redacted] for priest (pt's Catholic) P/B 1250 Talked to
 [redacted] Attorney in City. P/B 1300 Cardiac monitor called. Will come in. P/B 1415 Father returns!
 Catholic priest repays. P/B [redacted] / pt leave hospital [redacted]

DISPOSITION: <input type="checkbox"/> Admitted <input type="checkbox"/> Expired <input checked="" type="checkbox"/> Discharged <input type="checkbox"/> Left AMA	Time: 1403 Doctor: _____ Report to: _____ CONDITION: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Serious <input type="checkbox"/> Fair <input type="checkbox"/> Critical	Initials: _____ Rm: _____ Time: _____ TRANSPORT VIA: <input type="checkbox"/> Ambulance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Amb. w/ Assist. <input type="checkbox"/> Carried <input type="checkbox"/> Stretcher <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> O2 <input type="checkbox"/> Monitor <input type="checkbox"/> IV	ACCOMPANIED: <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> EDMT <input type="checkbox"/> Other <input type="checkbox"/> RN/LPN	INSTRUCTION SHEET GIVEN Patient / Family Verbalizes Understanding of: <input type="checkbox"/> Instructions <input type="checkbox"/> Medicines Support Sys. Appears to Meet ADL Y N
---	---	--	--	--

☐ TRANSFERRED ☐ AMBULANCE ☐ OBRA TRANS. FORM COMPLETE ☐ ADV. DIRECTIVE? Y N FORMS FURNISHED? Y N

NOTIFIED & TIME ☐ Law Enforcement ☐ Funeral Home ☐ ME ☐ Nursing Home ☐ Other

☐ SEE LONG NURSE'S NOTES

NN

360

OBRA Screening / Triage Assessment

TRIAGE

Date: [redacted]
Arrival Time: 0720
Triage Time: 1020

Arrived by: ☒ Ambulance ☐ Walk ☐ Self ☐ Friend
☐ W/C ☐ Carried. ☒ Family ☐ Police

Accompanied by: ☐ Self ☐ Friend ☒ Family ☐ Police

Treatment Prior to Arrival: ☐ None ☒ Spinal Immobilization
☐ Oxygen ☐ Pressure ☐ Elevation ☐ Ice

Medical History: ☐ Respiratory ☐ Hypertension ☐ Seizures
☐ Cardiac ☐ Diabetes ☐ Pregnant _____ wks. Other: _____

Chief Complaint / Nursing History: 1/2 (P) patellar
 pain, (D) shoulder pain slip MVA [redacted]

Family Doctor: [redacted] ☐ None

Triage Interventions: ☐ Elevate ☐ Ice ☐ Lab ☒ X-ray
☐ Immobilization ☐ Other: _____

☒ Emergent ☐ Urgent ☐ Non-Urgent

INITIAL

1. I acknowledge that I have been told of the hospital's obligation for screening and emergency medical treatment.

2. I have consented to treatment or examination.

3. I have refused to consent to treatment or examination or both against the advice of the attending physician, acknowledge that I have been informed of the risks and benefits involved and hereby release the attending physician and hospital from all responsibility for any ill effects that may result from my refusal to consent to treatment or examination.

Patient/Responsible Party (note relationship)
 [redacted]

Witness to Signature / Triage Nurse
 [redacted]

GLASGOW COMA SCALE

eyes (4-1) _____
 verbal (5-1) _____
 motor (6-1) _____

NEUROLOGICAL: ☐ deferred ☒ alert ☒ oriented ☐ confused ☐ arousable ☐ non-arousable
 Pupils: ☐ PERRLA ☐ R ☐ L - Brisk ☐ R ☐ L - Sluggish ☐ R ☐ L - Fixed
 Speech: ☒ Clear ☐ Slurred ☐ Silent Motor: ☐ MAE ☐ Grips equal ☐ R ☐ L - Weakness ☐ Generalized

NURSING DIAGNOSIS: _____ Communication impaired _____ Mobility impaired Goal: _____

RESPIRATORY: ☐ deferred ☒ airway patent ☒ normal effort ☐ obstructed ☐ labored ☐ shallow ☐ retracted
 Breath Sounds: ☒ clear ☐ wheezes ☐ rales ☐ ronchi

NURSING DIAGNOSIS: _____ Resp. function, alteration in Goal: _____

CARDIOVASCULAR: ☐ deferred Color: ☐ pink ☐ flushed ☐ pale ☐ mottled ☐ cyanotic - ☐ nailbeds ☐ circumoral ☐ jaundiced
 Heart Sounds: ☒ distinct ☐ reg. ☐ diminished ☐ irreg. ☐ deferred Edema: ☐ Absent Present - ☐ pedal ☐ pitting ☐ sacral
 Pulses: ☐ R ☐ L - radial ☐ R ☐ L - pedal ☐ equal Capillary Refill: ☐ < 3 seconds ☐ > 3 seconds

NURSING DIAGNOSIS: _____ Cardiac output, decreased _____ Fluid volume, alt. in _____ Tissue perfusion, alt. In Goal: _____

ABDOMEN: ☐ deferred ☒ soft ☐ non-tender ☐ rigid ☐ tender ☐ guarding ☐ distended last BM _____
 Bowel sounds: ☐ active ☐ hypoactive ☐ hyperactive ☐ diminished

NURSING DIAGNOSIS: _____ Bowel function, alt. In Goal: _____

GENITOURINARY: ☒ no C/O ☐ dysuria ☐ frequency ☐ retention ☐ hematuria ☐ CVA tenderness ☐ discharge/bleeding

NURSING DIAGNOSIS: _____ Urinary elimination, alt. in Goal: _____

INTEGUMENTARY:
 Temperature: ☐ warm ☐ hot ☐ cool ☐ cold Moisture: ☐ normal ☐ dry ☐ diaphoretic Turgor: ☐ normal ☐ decreased
 Wound / Burn appearance: edema @ knee contusions @ Ankle @ knee @ ankle @ [redacted]

NURSING DIAGNOSIS: _____ Skin integrity, impaired _____ Infection, potential _____ Hyperthermia Goal: Healing skin

EXTREMITIES: ☐ no obvious deformities ☐ contractures ☐ not in anatomical alignment ☐ deferred

NURSING DIAGNOSIS: _____ Goal: _____

PAIN: ☐ no C/O ☐ where @ knee / @ shoulder onset 6-25 quality _____ ☐ radiates rate on 1-5 scale _____

NURSING DIAGNOSIS: _____ Comfort, alteration in _____ Anxiety Goal: pain

PSYCHOSOCIAL: _____

PERTINENT MEDICAL / SURGICAL HISTORY: _____

OTHER: _____

HIGH-RISK INDICATORS	SAFETY	PERSONAL EFFECTS (Number)												
<input type="checkbox"/> Dependent in ADL <input type="checkbox"/> Handicapped <input checked="" type="checkbox"/> Injury Causing Change in Lifestyle <input type="checkbox"/> Address Outside Metropolitan OKC <input type="checkbox"/> Repeat ED visit within 30 Days <input type="checkbox"/> Concern Over Inadequate Financial Resources <input type="checkbox"/> Age 80 or over <input type="checkbox"/> Unable to Understand/Read English <input type="checkbox"/> History of Non-Compliance	<input type="checkbox"/> History of Falls <input type="checkbox"/> Confusion <input type="checkbox"/> Age 65 or Older <input type="checkbox"/> Need Ambulatory Device <input checked="" type="checkbox"/> Siderails <input type="checkbox"/> Restraints <input checked="" type="checkbox"/> Family Present <input type="checkbox"/> Arm Band	<table border="1"> <thead> <tr> <th>VALUABLES</th> <th>DISPOSITION</th> </tr> </thead> <tbody> <tr> <td>Medicines</td> <td>Hearing Aid</td> </tr> <tr> <td>Walker/Cane</td> <td>Dentures</td> </tr> <tr> <td>Jewelry</td> <td>Clothing</td> </tr> <tr> <td>Glasses/Cont</td> <td>Purse/Wallet</td> </tr> <tr> <td colspan="2">Describe: _____</td> </tr> </tbody> </table>	VALUABLES	DISPOSITION	Medicines	Hearing Aid	Walker/Cane	Dentures	Jewelry	Clothing	Glasses/Cont	Purse/Wallet	Describe: _____	
VALUABLES	DISPOSITION													
Medicines	Hearing Aid													
Walker/Cane	Dentures													
Jewelry	Clothing													
Glasses/Cont	Purse/Wallet													
Describe: _____														

☐ See Long Nurse's Notes

Signature of Nurse TA

[REDACTED]

EMERGENCY ROOM REPORT

Patient Name: [REDACTED] Date of Birth: [REDACTED]/61
Patient Number: [REDACTED] Date of Service: [REDACTED]/96
Dictating Physician: [REDACTED]

CHIEF COMPLAINT: This 34-year-old female comes in with a chief complaint of being a passenger in a car involved in car accident.

HISTORY OF PRESENT ILLNESS: The patient was a front-seat passenger with her three-year-old son in her lap in a car driven by her husband when they broadsided another car at an intersection north of here at [REDACTED] and [REDACTED]. The patient is complaining of some right knee pain. She denies any other pain. She states she was not knocked out.

ALLERGIES: NONE.

CURRENT MEDICATIONS: Vitamins, birth control pills.

IMMUNIZATION STATUS: Unknown.

FAMILY/SOCIAL HISTORY: The patient is married and accompanied by her husband and older son. Her three-year-old son, who was in her lap, worked as a cushion for her, and he was critically injured and was life-flighted to [REDACTED] where he expired.

PHYSICAL EXAMINATION:

GENERAL: This 34-year-old Asian female appears to be alert and oriented at the time of history and physical.
HEENT: Pupils are equal and reactive to light.
HEART: Rate regular. Rhythm regular.
LUNGS: Clear.
ABDOMEN: Soft.
EXTREMITIES: The patient has an abrasion on her right arm, abrasions on both legs and a contusion on her right knee. Pain with range of motion to the right knee. No ligamentous disability is noted.

NEUROLOGICAL: No sensory or motor deficits are appreciated. Cranial nerves II-XII are grossly intact.

MEDICAL DECISION MAKING
ER COURSE:

Critical neck x-rays were read as negative by the radiologist. Chest x-ray, right knee and cervical spine x-rays were read as normal by the radiologist as well. The patient remained stable and was able to walk to the bathroom twice while in the emergency department. Abdomen remains soft. The patient was given 50 mg of Vistaril IM while in the emergency department, and she was kept here some time until her-

HP

EMERGENCY ROOM REPORT

Patient Name: [REDACTED]

Dictating Physician: [REDACTED]

Page 2

husband got back from [REDACTED] Hospital where he went to stay with their son until he was pronounced dead. Once he arrived back, we did call a priest to come in, as they are Catholic. The husband did tell the wife that the child is dead, and she was given Vistaril 50 mg intramuscularly for mild sedation. Certainly this is going to be a difficult time for this family. She left in stable condition with multiple relatives, including her husband.

ASSESSMENT: Contusion, right knee. Multiple contusions and abrasions.

PLAN: Rest. Ice to contusions. Ace-wrapped knee. Recheck in 48 hours if knee is not improved. Started on ibuprofen 600-800 mg q.6h. with food.

[REDACTED]

BW/177A0-207

D: [REDACTED]/96 [REDACTED]

T: [REDACTED]/96 [REDACTED]

J: [REDACTED]

[REDACTED]
[REDACTED] - [REDACTED] Oklahoma
X-RAY REPORT

PATIENT'S NAME	SEX	AGE	ROOM NO	X-RAY NO
[REDACTED]	F	34	ER	[REDACTED]
ATTENDING PHYSICIAN				DATE
[REDACTED]				[REDACTED] 496

CLINICAL HISTORY: Automobile accident.

CERVICAL SPINE, CROSS TABLE LATERAL, LATERAL, AP, OBLIQUES AND ODONTOID VIEWS.

The vertebral body heights and interspaces are maintained with normal alignment. The neuroforamina, posterior elements, air passages, and soft tissues are normal. No fractures or destructive lesions are noted.

IMPRESSION:
Normal cervical spine.

RIGHT KNEE, AP AND LATERAL VIEWS

The knee joint space is maintained and no fractures or destructive lesions are noted.

IMPRESSION:
Normal right knee.

CHEST PA AND LATERAL [REDACTED]/96 AT 1120

The heart, mediastinum, lungs, diaphragm and bones are normal.

IMPRESSION:
Normal chest.

[REDACTED]
Dict : [REDACTED]/96
Tran : [REDACTED]/96

11:14am

[REDACTED] MD

GENERAL CARE

The Emergency Department physician has examined and treated you on an emergency basis and feels that your problem can be treated on an outpatient basis at this time.

It is important that you read and follow the discharge instructions that you have been given and arrange for an appointment with the recommended facility or physician as directed.

1. If you were given a prescription, please have it filled as soon as possible and follow the label instructions. If you were prescribed medication for pain and sedation or muscle relaxants, do not drive or

operate dangerous machinery as they may cause drowsiness. Do not drink alcohol.

2. If you had x-rays, they received a reading by the Emergency Physician on duty. The Radiologist will make the final interpretation and you may call the following afternoon for a final report.

3. If you had a culture taken, call back in 72 hours for the results.

4. If your problem continues, we recommend that you be re-examined by your family doctor, or return to the Emergency Department.

ADDITIONAL INFORMATION GIVEN

- ☐ Head Injury
- ☐ Laceration Care
- ☐ Fever (Children and Adult)
- ☐ Back & Neck Sprains
- ☐ Vomiting and Diarrhea
- ☐ Wound Care/Burn Care/Animal or Human Bites/Puncture Wound
- ☐ Urinary Tract Infection
- ☐ Eye Injury
- ☐ Sprains & Strains
- ☐ Splint & Cast Care
- ☐ Other: _____

☒ It is your responsibility to see _____ or the physician of your choice for follow-up care.

Additional Instructions:

Medications:

1. ANTACIDS: Take _____ a day and at bedtime.

2. ANTIBIOTICS: Take _____ a day.

3. ANTI-INFLAMMATORY: Take _____
(how often) _____. Take medicine with food.

4. COUGH MEDICINE: Take _____
(how often) _____. Some cough medicine
may _____ or may not _____ cause drowsiness.

5. DECONGESTANT: Take _____
(how often) _____ as needed for congestion.

6. MUSCLE RELAXANT: Take _____
(how often) _____. This medicine may make you drowsy.
DO NOT drink alcohol, drive, or operate machinery while taking this medicine.

7. PAIN: Take _____
(how often) _____. This medication may cause drowsiness.
DO NOT drink alcohol, drive or operate machinery when taking it.

SPECIAL MEDICATION INSTRUCTIONS:

Nurse
Signature _____

Patient
Signature _____

By signing, I certify that I have received and understand my treatment and instruction for follow-up care.

NOTICE TO EMERGENCY PATIENTS - FOR YOUR INFORMATION

You will receive a separate bill from the Emergency Physician for his/her component of services rendered during your visit to the Emergency Room.

If you obtained an x-ray during your stay, you will also receive a bill from the Radiologist for final x-ray interpretation.

_____ will bill you for all non-physician components of your emergency care. Any estimate of your bill quoted at the time of service does not include the physician's portion of your financial obligation.

Thank you for choosing _____ for your emergency needs.

Medical Center
EMERGENCY DEPARTMENT